

Customer Information Form

Corporate Account Holders

Account No.

--	--	--	--	--	--	--	--	--	--

Date dd / mm / yyyy

Account Name _____

Nature of Business/Activity (Agric, Mining, Manufacturing etc) _____

Registration No. _____ Incorporation/Registration Date dd / mm / yyyy

Registered Address (Not P.O Box) _____

Tax Identification No. _____ Country of Incorporation _____

Telephone _____ Mobile _____ Fax _____

Email Address _____ Website _____

Signatory(ies) Information:

(a) Name _____ Position _____

Residential Address _____

Date of Birth dd / mm / yyyy Nationality _____

Email _____ Mobile _____

(b) Name _____ Position _____

Residential Address _____

Date of Birth dd / mm / yyyy Nationality _____

Email _____ Mobile _____

(1) Director's Name _____

Residential Address _____

Date of Birth dd / mm / yyyy Nationality _____

Email _____ Mobile _____

(2) Director's Name _____

Residential Address _____

Date of Birth dd / mm / yyyy Nationality _____

Email _____ Mobile _____

CERTIFICATION

We certify that the above particulars are true and correct and hereby authorise account reactivation (if required)

Name _____ Signature & Date _____

Name _____ Signature & Date _____

FOR OFFICE USE

Reactivation authorised by:

Relationship Manager

Branch Service Head
