

# 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

\_\_\_\_\_

\_\_\_\_\_

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### 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:

Name \_\_\_\_\_ Signature & Date \_\_\_\_\_

Name \_\_\_\_\_ Signature & Date \_\_\_\_\_