



## CUSTOMER INFORMATION – COMPANIES, CORPORATE BODIES, PARTNERSHIPS ETC.

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS. STATE NOT APPLICABLE (N/A) WHERE APPROPRIATE.

Name of Company	Tax Registration Number
Address – Registered Office (including street name and number)	
	Telephone Number(s)
Address – Place of Business, if different (including street name and number)	
	Telephone Number(s)
Number of Branches/Offices	
Name of Principal Owner	Percentage Ownership
Name of Chief Executive Officer (CEO)	
Description of Principal Line of Business	
Names of major suppliers (if applicable)	
Source of Funds	
Anticipated Monthly Turnover	
Purpose of Account	
Name and address of any other person(s) with a beneficial interest in the account	
Name and details of any <u>agent</u> likely to be conducting business on the account. Identification should also be obtained. (Please use overleaf)	

THIS FORM IS TO BE FILED WITH THE APPLICANT'S KYC DOCUMENTATION.

AGENT INFORMATION					
First Name	Middle Name	Surname	Marital Status		
			Single <input type="checkbox"/>	Married <input type="checkbox"/>	Other <input type="checkbox"/>
Alias(es):		Date of Birth:	Tax Registration Number:		
Nationality:		Country of Residence:			
Permanent Address (including Street Name and Number):					
Postal Address (if different):					
Occupation:			Period Employed (if applicable):		
Employer's Name:					
Employer's Address:					
Telephone Numbers: (Home)		(Work)	(Cellular)		

FOR BANK USE ONLY	
Account Number	Customer Number

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