



LOCAL CUSTOMER CREDIT APPLICATION FORM

(PLEASE COMPLETE FORM IN BLOCK LETTERS)

	PERSONAL INFORMATION	Account #.
1/	LAST NAME	FIRST NAME
		OTHER NAMES
2/	HOME ADDRESS	
3/	TELE. NO. (HOME)	PERSONAL TIN NO.
		GENDER
4/	E-MAIL ADDRESS	

	DUE DILIGENCE	
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INDIVIDUAL		
5/	LAST NAME	FIRST NAME
	OTHER NAMES	
	(Please submit legible copy of ID Card / Passport (Bio Page) & a recent passport size photo)	
	TELE. NO. (OFFICE)	TIN NO.
		TYPE OF BUSINESS
	HOME ADDRESS (Please submit Proof of Address e.g. Utility Bills)	
	NAME OF BUSINESS	
	BUSINESS ADDRESS (Please submit Proof of Address e.g. Utility Bills)	
	AGE OF BUSINESS	NO. OF YRS AT LOCATION
		ANNUAL SALES TURNOVER
6/	<u>SOURCE OF FUNDS:</u>	
7/	<u>TRADE REFERENCE (Please submit letter from an authentic Business Colleague):</u>	
	NAME OF COMPANY	TELE. NO.(S)
8/	<u>BANK REFERENCE (Please submit letter from Bank):</u>	
		ACCOUNT NO.(S)

COMPANY

9/

NAME

(Please submit a copy of Certificate of Incorporation/Business Registration)

BUSINESS ADDRESS (Please submit Proof of Address e.g. Utility Bills)

TELE. NO. (OFFICE)

BUSINESS TIN NO.

TYPE OF BUSINESS

AGE OF BUSINESS

NO. OF YRS AT LOCATION

ANNUAL SALES
TURNOVER

10/

OWNERSHIP: [] SOLE TRADER [] PARTNERSHIP [] STATE OWNED
[] PUBLIC COMPANY [] PRIVATE COMPANY [] OTHER _____

11/

SOURCE OF FUNDS:

12/

TRADE REFERENCE (Please submit letter from an authentic Business Colleague):

NAME OF COMPANY

TELE. NO.(S)

13/

BANK REFERENCE (Please submit letter from Bank):

ACCOUNT NO.(S)

14/

DIRECTOR(S)/SHAREHOLDER(S)/AUTHORISED SIGNATORIES: (Please submit a list of the authorized signatories, and legible copies of ID Card / Passport (Bio Page) and Proof of Address e.g. Utility Bills for the listed parties)

NAMES

DESIGNATION

SIGNATURE

A.

B.

C.

D.

15/

CONFIRM IF THERE IS ANY ANTI-MONEY LAUNDERING POLICY IN PLACE.

Please tick appropriate box.

Yes No

16/

SIGNATURE OF APPLICANT

COMPANY STAMP

DATE



LOCAL CUSTOMER CREDIT APPLICATION FORM
TERMS AND CONDITIONS

1. The Applicant hereby applies for credit in the sum of(FIGURES)

.....

.....(WORDS)

2. Credit amount is payable within days. The total amount overdue will be subject to a 1% (one) percent interest charge per month.

3. The Applicant agrees to make all payments on a timely basis.

4. The Applicant is responsible for reconciling their statement on a monthly basis & report any discrepancies to the Company's Credit Control Department.

5. Failure to service this account will result in the termination of the Credit Facility.

6. The Company reserves the right to seek legal recourse to recover overdue amounts, including interest.

7. The Company reserves the right to terminate the Credit Facility at any time without notice due to non-compliance with the terms of agreement.

I/WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO SAME.

Signature of Applicant _____ Date _____

Company Stamp _____



Photo

APPLICANT'S ASSETS

I/we, the undersigned, hereby declare that I am/we are the legal owner(s) of:

A/ Motor Vehicle (Please submit a copy of vehicle registration(s))

Type of Vehicle	Registration No.	Value

Type of Vehicle	Registration No.	Value

B/ Real Property (Please submit a copy of Title of Property(s))

Address

Particulars/Value

C/ Other Assets (Please submit a copy of ownership documentation, if stated).

Applicant/Customer	Date
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Company Stamp



FOR INTERNAL USE ONLY

LOCAL CUSTOMER CREDIT APPROVAL FORM

CREDIT LIMIT APPLIED FOR: \$ _____

	SIGNATURE	DATE
Branch Manager/ Salesman/Manager		
Sales & Marketing Executive		
Credit Control Manager		
Finance Controller/Asst. Company Secretary		
Corporate Legal Officer		
Human Resources Director		
Co-Managing Director/ Marketing Director		
Chairman/ Managing Director		

COMMENTS:

CUSTOMER DUE DILIGENCE APPROVAL

	SIGNATURE	DATE
Compliance Officer		

APPROVED

REJECTED