



EXPORT CUSTOMER 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	
INDIVIDUAL		
5/	<div style="display: flex; justify-content: space-between;"> LAST NAME FIRST NAME OTHER NAMES </div> <div style="text-align: center; font-size: small;">(Please submit legible copy of ID Card / Passport (Bio Page) & a recent passport size photo)</div>	
	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)

9/	COMPANY		
	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):		
	NAME OF BANK	REFERENCE	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 <input type="checkbox"/> No <input type="checkbox"/>		
16/	SIGNATURE OF APPLICANT	COMPANY STAMP	DATE



FOR INTERNAL USE ONLY

	SIGNATURE	DATE
Export Manager		
Marketing Director		
Credit Control Manager		
Finance Director		
Corporate Legal Officer		
Chairman/ Managing Director		

COMMENTS:

CUSTOMER DUE DILIGENCE APPROVAL

	SIGNATURE	DATE
Compliance Officer		

☐ APPROVED

☐ REJECTED