



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 (Please submit copy of TIN Certificate)
	GENDER	
4/	E-MAIL ADDRESS	
	DUE DILIGENCE	

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 eg. Utility Bills)	
	NAME OF BUSINESS	
	BUSINESS ADDRESS (Please submit Proof of Address eg. Utility Bills)	
	AGE OF BUSINESS	NO. OF YRS AT LOCATION
	ANNUAL SALES TURNOVER	
6/	SOURCE OF FUNDS:	
7/	TRADE REFERENCE (Please submit letter from an authentic Business Colleague):	
	NAME OF COMPANY	TELE. NOS.
8/	BANK REFERENCE (Please submit letter from Bank):	
	NAME OF BANK	REFERENCE
	ACCOUNT NOS.	

SIGNATURE OF APPLICANT

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
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Type of Vehicle	Registration No.	Value
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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		
Marketing Director		
Credit Control Manager		
Finance Director		
Corporate Legal Officer		
Chairman/ Managing Director		

COMMENTS:

CUSTOMER DUE DILIGENCE APPROVAL

	SIGNATURE	DATE
Compliance Office		

APPROVED

REJECTED