

Please fill all Information with BLOCK CAPITAL LETTERS

KNOW YOUR CUSTOMER INFORMATION FORM

CUSTOMER DETAILS				CORPOR	ATE/ COOPERATIVE/ GROUP	
Account No*	Organization	ganization Name*				
Date of Registration	Registration C	gistration Certificate Number* Type o			Business*	
House No		ORGANIZATION BUSINESS ADDRESS Street*			Area City*	
State*		Local Government			Country*	
Mobile No*		Phone No			Email Address:	
Address Description						
DIRECTOR/MANAGEMENT STAFF DETAILS 1						
	ECTOR/MANAGEMENT S	Designat Designat		Current Worth		
House No		Street*			¥ Area City*	
State*		Local Government*			Country*	
Mobile No*		Phone No Email Addre				
Address Description						
Full Name Designation Current Worth						
					H	
House No		Street*			Area City*	
State*		Local Government*			Country*	
Mobile No	k	Phone No		Email Address:		
Address Description						
·						
Full Name Designation Current Wortl						
	T till Tvallie		Designa		¥	
House No		Street*			Area City*	
State*		Local Governm	nent*		Country*	
Mobile No*		Phone No*		F	Email Address:	
		Address Description				
Address Description						
NOTE: Field marked with asterisks (*) are Mandatory fields Authorized Signature						
Recent Colour	Recent Colour	Recent Colou Passport	Jr DR 1			
Passport Photograph	Passport Photograph	Photograph	DR 2			
DIRECTOR 1	DIRECTOR 2	DIRECTOR 3	3			
DIRECTOR 1	DIRECTUR 2	J.M.EG. GIV	DR 3			
For BOA Official use Only						