

- Internet Banking       Receivable Management       Others  
 Debt Recovery and Administration       Transfers (I- Mobile/Internet Transfer)

Please complete in block letters

### ORGANIZATIONAL INFORMATION

CORPORATE

UNINCORPORATED

PUBLIC SECTOR

Name of Organisation (in full):

Registration Number:

Incorporated:

Registered Office address (Not P. O. Box)

  

Street:

City:

State:

Zip code:

Mailing/Postal Address:

Street:

City:

State:

Zip code:

Office Tel:

Mobile (1):

Mobile (2):

Company website:

### PRIMARY CONTACT

Title: Mr/ Mrs.

First Name:

Middle name:

Last Name:

Please if by post, official designation of recipient:

Address of recipient:

Street:

City:

State:

Zip code:

Annual turnover (last 6 months):

Taxpayer identification number: