

CORPORATE UPDATE FORM

Dear customer,

Kindly complete this form. This is to enable us validate your record in order to serve you better.

Account Name: _____

Branch: _____ Account No. _____

Company Registration No. _____ Incorporation/Registration Date: (DD/MM/YYYY) _____

Business Type: _____ Sector/Industry: _____

Registered Address _____

Office/Correspondence Address (Not P.O. Box): _____

Email Address: _____

Nature of Business: _____

Tax Identification Number: _____ NEPC No.: _____

Phone: _____ Mobile: _____ Fax: _____

Signatory(ies) Information:

a) Name:

Mobile: Email Address: Position:

b) Name:

Mobile: Email Address: Position:

Name of Director (1): Phone No.

Address:

Name of Director (2): Phone No.

Address:

Name of Director (3): Phone No:

Address:

Authorized Signatory (ies)

Name Signature/Date:

Name Signature/Date:

Please Note: Signatories that have operated the account for over five years should please provide recent passport photographs and valid identification documents. Thank you.