

CLIENT REGISTRATION FORM (CORPORATE)

Company Private/Public Sole Proprietorship Clubs/Societies Others
Associations

CORPORATE INFORMATION

Name of Organization :

Correspondence Address :

Telephone : Fax :

Email : Web Page :

Contact Person : Designation :

Company Registration No. Nature of Business / Industry Country of Origin

AUTHORIZED SIGNATORIES		
Name	Designation	Signature
1.
2.

TRUSTEE / CUSTODIAN DETAILS

Name of Trustee / custodian
T/P
Address :
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BANK ACCOUNT

Bank <input type="checkbox"/>	Branch <input type="checkbox"/>	Type of Account <input type="checkbox"/>	Account No. <input type="checkbox"/>
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I/We hereby confirm that the details given above are correct. Dated this..... day of

Signature Rubber Stamp Date

FOR OFFICE USE ONLY
Client Code
Client Reference Number
Authorized By