



Branch: _____

Date: ____ / ____ / ____

PROPRIETOR/ DIRECTOR	
Surname	
Other Name(s)	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Nationality	
Date of Birth	
Current Residence	
Tel. Number 2	
Tel. Number 1	
Email	

Applicant's Photo

BUSINESS DETAILS			
Name of Business			
Nature of Business			
Physical Location			
Office Tel. No.			
Postal Address			
Website			
How long has your business been in operation?			
Annual Turnover/Sales/Revenue/Income			
Do you have a Certificate of Registration?			
Do you have a TIN Number?			
Do you have a Trading License?			
Does the business have a bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1"><tr><td>Where?</td><td></td></tr></table>	Where?	
Where?			

NEXT OF KIN/ BUSINESS PARTNER	
Full Names	
Tel. Number 1	
Tel. Number 2	
Email	

Applicant's Signature	Bank Official's Signature
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