

## **KNOW YOUR CUSTOMER (KYC) For Businesses/Organizations**

## A. Identity Details

Name of Applicant: (As per Cer	tificate of Incorporation or Regi	istration)	
Address of Registered Office:			
Registration number:		ABST No.: Social Security No.:	
Date of Incorporation: DD	MM YYYY	Commencement Date:	MM YYYY
Place of Incorporation:			
Type of Business:  a. Limited Liability Co.  b. Sole Proprietorship  c. Partnership  B. Address Details	<ul><li>d. Non Government/Charity</li><li>e. Club/Association</li><li>f. Other</li></ul>	y g. Estate	
Mailing Address			
Address:		Parish/City:	
	ot more than 3 months old)		
Utility Bill Cable Bill	Cell Ph Bill Lease Agree	ement Bank Statement Ot	her
C. Other Details			
Nature of Business/Industry  a. Manufacturing  b. Wholesale  c. Import/Export  D. Directors/Shareholders Info	d. Retailing e. Professional (Specify) f. Catering/Restaurant	-	fy)
Directors/Shareholders	Address	Contact. No.	ID Typer & No.
(More than 10% Voting Share)			77
C Declaration			
I/We undertake to inform you be false or untrue or misleadi	of any changes therein, imme	ue and correct to the best of my ediately. In the event any of the m aware that I/We may be held  Signature	above information is found to
Originals Verified	FOR OFFICE	CE USE ONLY	
I hereby declare that the information given above has been verified by original documentation to ensure the correctness of the information given, where appropriate.			
Name (Print	) Employee	Signature Date	: DD/MM/YYYY