

CLIENT INFORMATION SUMMARY (CIS)

SIGNATORY NAME	
NATIONALITY:	
PASSPORT NUMBER:	
DATE OF ISSUE:	
DATE OF EXPIRATION:	
DATE OF BIRTH:	
PLACE OF BIRTH:	
CONTACT ADDRESS/HOME:	
CONTACT TELEPHONE NO.:	
OCCUPATION:	
BUSINESS NAME:	
BUSINESS REGI. ADDRESS:	
CO. REGISTRATION NO.:	
CO. REGISTRATION DATE:	
COMPANY SECRETORY:	
BANK NAME:	
BANK ADDRESS:	
ACCOUNT NAME:	
ACCOUNT NO.:	
SWIFT CODE:	
EMAIL ID:	
BANK OFICER NAME:	
BANK PHONE NO.:	

DECLARATION: I, UNDERSIGNED XXXXXXXXXXXX SWEAR UNDER PENALTY OF PERJURY; THE INFORMATION GIVEN ABOVE IS BOTH TRUE AND ACCURATE.
ON THIS Thursday, October 17, 2024

NAME :
PASSPORT NO :
COUNTRY OF ISSUE :
DATE OF ISSUE :
DATE OF EXPIRY :

PASSPORT COPY OF SIGNATORY

COMPANY INCORP. CERTIFICATE