

KNOW YOUR CUSTOMER FORM

Professional Status

Registered Name of the Company:

Trading Name used, if any:

Nature of business: _____ Incorporation

Date: _____

Commercial Register Number: _____ Place of Registration:

Country of business, if other than above: _____ Legal Form:

Legal Address

Physical Address of Company's head office and branches (if any):

Street: _____ P.O. Box: _____

City: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Postal Address of Company's head office and branches (if any): Same as above: Yes No

Street: _____ P.O. Box: _____ Postcode: _____

City: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Shareholders structure

Name	Nationality	Percentage

Authorized Signatories

Name	Position	Authority

Declaration

The information supplied by the “Company” is true and correct and any wrong information given can render any agreement entered with NEXtCARE void; at the option of NEXtCARE. It is also understood that NEXtCARE reserves the right to cancel any agreement entered with the “Company” named in this form in case the particulars are not found correct.

Company Stamp

Name & Signature of the Authorised Signatory

Date: _____

Know Your Customer



FOR NEXtCARE OFFICE USE ONLY

Verified and Self-Attested Documents copies received of

- Trade License
- Authorised Signatory
- Passport Copy of the Authorised Signatory
- Partners Record
- Comments

Reviewed by

Employee name: _____

Department: _____

Signature: _____

Date: _____