



SEFT Seychelles Electronic Funds Transfer Service

CUSTOMER REGISTRATION FORM

Date

Form Serial No

Bank Ref

(Please tick and fill in where appropriate IN CAPITAL LETTERS)

Corporate Customer

* Business Name

* Business Reg. No.

Individual Customer

* Name

* Surname

* Date of Birth

* NIN/Passport No.

Contact Details

* Physical Address

* Email Address

* Mobile No.

* Tel No.

* Fax No.

Account Details

* A/C Name

* A/C No.

* A/C Type

* Currency

Declaration:

I/We hereby confirm that the information provided above is true and correct and wish to register for Seychelles Electronic Funds Transfer (SEFT) Services.

Signature

Signature