



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		<input type="checkbox"/>
*	Business Name	<input type="text"/>
*	Business Reg. No.	<input type="text"/>
Individual Customer		<input type="checkbox"/>
*	Name	<input type="text"/>
*	Surname	<input type="text"/>
*	Date of Birth	<input type="text"/>
*	NIN/Passport No.	<input type="text"/>

Contact Details		
*	Email Address	<input type="text"/>
*	Mobile No.	<input type="text"/>
*	Tel No.	<input type="text"/>

In signing this form I/We wish to be terminated from the SEFT service with immediate effect.

Signature

Signature