

CUSTOMER A/C OPENING FORM

[For Current Dated Cheque]

1 Applicant's Details

Customer Name

Address

TEL .

FAX

EMAIL

 CONT.
PERS.

 Sole Proprietorship
 Partnership
 Limited Liability Co.
 Others (Specify)

Name and address of : Proprietor / Partner (s) / Directors
Contact Nos.

Name

Address

TEL .

 MOB.
No.

Bank Account Name

Bank Account No.

Branch / Address

Tel / Fax

2. Trade References Name & Address (Other Suppliers)

Tel . / Mob #

Trade License No. & Emirate

Date of Issue

Date of Expiry

4. Particulars & Specimen signature of personnel Authorised to sign purchase orders

Name

Designation

Signature

Power of Attorney : I / We _____ the sponsor/
 partners / Directors / owner/s of _____ hereby request for registration as your
 customer and give the power of attorney, to above authorised personnel whose names, designations and signatures are given thereof to act on
 behalf of my/our company.

Signature of the applicant (s)

Name (s) of signatories

Position (s) / Designation (s)

 Sponsor (s) Name and
Contact details :

Sponsor's Signature :

Atleast one of the person signing this application must be signatory to the applicant's Bank Account

Date :

Seal of the company

For KIMOHA ENTREPRENEURS LIMITED Use Only

Remarks (Notes) by Salesman :

Date : SALESMAN NAME : Signature :

Approved By : CUSTOMER CODE :

 Sales & Marketing
Manager

 General Manager
Marketing

Chief Financial Officer

Managing Director