



Member name: CAM

Client Type

Date of Registration (yyyyymmdd)

Company Name

Contact Person Name

Address Line1

Address Line2

Address Line3

Country of Resident State/Local Govt of resident:

Email Address: Confirm Email Address:

Alt Email Address:

Bank Name:

Bank Account Number: Confirm Bank Account No:

Bank Account Name: Bank Sort: Code

Date of creation of bank account: (yyyyymmdd)

Clearing house Number (CHN) :

Phone Number:

Request date: (yyyyymmdd) Signature:

The following documents must accompany this form:

- (a.) Certified True copy of Memorandum and Articles of Association (b.) Copy of recent Utility Bill (c.) Copy of valid ID card of Directors

IMPROPERLY FILLED FORMS WOULD NOT BE PROCESSED.