



REGCHARLES

FINANCE & CAPITAL LTD.

...succeeding with you

Account Opening Form TRANSACTIONAL PRODUCTS

- Internet Banking
 Receivable Management
 Others
 Debt Recovery and Administration
 Transfers (I-Mobile/Internet Transfer)

Please complete in block letters

ORGANIZATION INFORMATION

- CORPORATE
 UNINCORPORATED
 PUBLIC SECTOR

Name of Organization (in full):

Grid for Name of Organization (in full)

Registration Number:

Grid for Registration Number

Incorporated:

Grid for Incorporated

Registered office address (Not P. O. Box):

Grid for Registered office address

Street:

State:

City:

Zip code:

Mailing/ Postal Address:

Street:

State:

Office Tel (nos):

Company website:

City:

Zip code:

Mobile (1):

Mobile (2):

PRIMARY CONTACT

Title: Mr. / Mrs.

Grid for Title

First name:

Grid for First name

Middle name:

Grid for Middle name

Last name:

Grid for Last name

Please if by post, official designation of recipient:

Grid for Official designation of recipient

Address of recipient:

Street:

State:

City:

Zip code:

Annual turnover (last 6 months):

Grid for Annual turnover

Taxpayer identification number:

Grid for Taxpayer identification number