

SHAREHOLDER/DIRECTOR CONTACT FORM

Date: _____ (dd/mm/yyyy)

ACCOUNT DETAILS

Account name	Account number																				
1. _____	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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ACCOUNT INFORMATION (for company)

TIN NUMBER (please attach a copy): _____

ALTERNATIVE ACCOUNT NUMBER HELD IN ANOTHER BANK

Account name _____ Account number _____

CONTACT DETAILS

 Mobile number 1: _____ Mobile number 2: _____
 Tel office 1: _____ Tel. Office 2: _____
 Physical Address: _____ Postal address: _____
 Postal code: _____ City/Town: _____

SIGNATORY/DIRECTOR (please provide details of all signatories and/or directors)/signatory (personal accounts)

1. Name: _____
 National/Passport number: _____
 Tel number: _____ Mobile number: _____ Email address: _____
 Postal address: _____ Physical address: _____
 Signature: _____
2. Name: _____
 National ID/Passport number: _____ Tel number: _____ Mobile number: _____
 Email address: _____ Postal address: _____ Physical address: _____
 Signature: _____
3. Name: _____
 National ID/Passport number: _____ Tel number: _____ Mobile number: _____
 Email address: _____ Postal address: _____ Physical address: _____
 Signature: _____
4. Name: _____
 National ID/Passport number: _____ Tel number: _____ Mobile number: _____
 Email address: _____ Postal address: _____ Physical address: _____
 Signature: _____

Please provide contact details of any additional authorized signatories on a separate sheet of paper
 Kindly return this form to your nearest NCBA Branch

