SEFT

SEFT-F CR

Seychelles Electronic Funds Transfer Service

**CUSTOMER REGISTRATION FORM**

**Date**

**Bank Ref**

**Form Serial No**

(Please tick and fill in where appropriate IN CAPITAL LETTERS)

**Corporate Customer**

\*

\*

**Business Name**

**Business Reg. No.**

**Individual Customer**

\*

\*

\*

\*

**Name**

**Surname**

**NIN/Passport No.**

**Date of Birth**

**Contact Details**

\*

\*

\*

\*

\*

**Email Address**

**Physical Address**

**Tel No.**

**Mobile No.**

**Fax No.**

**Account Details**

\*

\*

\*

\*

**A/C No.**

**A/C Name**

**Currency**

**A/C Type**

Declaration:

I/We hereby confirm that the information provided above is true and correct and wish to register for Seychelles Electronic Funds Transfer (SEFT) Services.

**Signature**

**Signature**