Section 1 - Company Information

Registered Name

The legal name of the customer business, sole trader or other entity (including non-business entity)

Business Name

The trading name of the customer business, only required if this is different from the legal name

TYPE OF ENTITY – please tick

Type of Entity

Private Company Association Foundation

Public Company Club Government/State Body

Registered Partnership Charity Other, please specify

Unregistered Partnership Non-Government Organisation

Sole Trader Trust

Entity Level Detail

Date of Incorporation Country of Incorporation

Registration Number Website Address

Name of Auditor

If the entity is a publicly traded company

Name of Stock Exchange Trading Symbol

Entity Level Detail

Industry

Insurance Construction Funds Banking

Telecom Automotive General Trading Shoes/footwear

Furniture Houseware/Hardware Machinery/Equipment Transportation

Electronics Corporate Service Provider Petrochemicals/Plastics/Chemicals

Textiles/Garments Real Estate Retail/Wholesale Food

Management Company Other, please specify

Registered Address

(P.O. Box is not acceptable)

Contact Name

Company Name

Address 1

Address 2

City/State Country Postal/Zip Code

Telephone Fax Email

Mailing Address Same as the Registered Address No (If you ticked "No", please complete below section) Contact Applicant Corporate Service Provider Management Co Other Contact Name Company Name Address City/State Postal/Zip Code Country Telephone Fax Email **Operating Address/Principal Place of Business** Same as the Registered Address Yes No Same as the Mailing Address Yes No (If you ticked "No", please complete below section) Years in Address Greater then 3 years Less than 3 years(please provide previous) Contact Name Company Name Address City/State Country Postal/Zip Code Telephone Fax Email **Previous Operating Address (if less than 3 years)** Same as the Registered Address Yes Same as the Mailing Address No Yes No (If you ticked "No", please complete below section) Contact Name Company Name Address City/State Postal/Zip Code Country Telephone Fax Email **Key Contact Details & Address** Applicant Other Contact Corporate Service Provider Management Co Contact Name Title/Position Held Company Name Address City/State Country Postal/Zip Code

Fax

Email

Telephone