

CUSTOMER DECLARATION FORM

GENERAL INFORMATION

-	The information provided in this questionnaire will be treated as confidential and will not be disclosed to any third party
-	The questionnaire must be signed by a duly authorized signatory
-	Various documents required will form part of your response

COMPANY, INDIVIDUAL PARTICULARS

Name of enterprise/individual	
ID Reference - member/director/individual	
In case of Individual – commencement date	
Trading name	
Company registration number	
VAT registration number	
Income tax reference number	
Payee reference number	
Type of business	

SARS E-filing Login	
SARS E-filing Password	
Physical Address	
• Street no & name	
• Suburb	
• City	
• Postal code •	
Postal Address	
• PO Box	
• Post office	
• City	
• Postal code	
Banking details	
Bank name	
Type of account	

Branch name	
Branch code	
Account reference	
Contact References	
• Name	
• E-mail	
• Telephone	
• Fax	
• Cellular	
Other Software login details	
• Software name	
• Login name	
• Login password	

Duly authorized signatory	
Copy of latest financial statements	