

CUSTOMER INFORMATION FILE - CIF - INDIVIDUAL



TYPE OF ACCOUNT	<input type="text"/>	ACCOUNT NUMBER	<input type="text"/>																						
TITLE	<input type="text"/>	INITIALS	<input type="text"/>																						
SURNAME	<input type="text"/>																								
FIRST NAMES	<input type="text"/>																								
TYPE OF ID	<input type="text"/>																								
ID NUMBER	<input type="text"/>																								
DATE OF BIRTH	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GENDER	<table border="1"> <tr> <td><input type="text"/></td> </tr> <tr> <td>M= MALE F= FEMALE</td> </tr> </table>	<input type="text"/>	M= MALE F= FEMALE	MARITAL STATUS	<table border="1"> <tr> <td><input type="text"/></td> </tr> <tr> <td>M= MARRIED D= DIVORCED S= SINGLE W= WIDOW WR= WIDOWER</td> </tr> </table>	<input type="text"/>	M= MARRIED D= DIVORCED S= SINGLE W= WIDOW WR= WIDOWER
Y	Y	Y	Y	M	M	D	D																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<input type="text"/>																									
M= MALE F= FEMALE																									
<input type="text"/>																									
M= MARRIED D= DIVORCED S= SINGLE W= WIDOW WR= WIDOWER																									
POSTAL ADDRESS	<input type="text"/>																								
TELEPHONE	<table border="1"> <tr> <td>WORK</td> </tr> <tr> <td><input type="text"/></td> </tr> </table>	WORK	<input type="text"/>	<table border="1"> <tr> <td>HOME</td> </tr> <tr> <td><input type="text"/></td> </tr> </table>	HOME	<input type="text"/>																			
WORK																									
<input type="text"/>																									
HOME																									
<input type="text"/>																									
CELL PHONE	<input type="text"/>																								
E-MAIL ADDRESS	<input type="text"/>																								
RESIDENTIAL ADDRESS	<input type="text"/>																								
VILLAGE	<input type="text"/>																								
T/A	<input type="text"/>																								
DISTRICT	<input type="text"/>																								
EMPLOYER	<input type="text"/>																								
EMPLOYERS ADDRESS	<input type="text"/>																								
REFERENCES	<input type="text"/>																								

OFFICE USE

SECTOR	<input type="text"/>	INDUSTRY	<input type="text"/>	TARGET	<input type="text"/>
NATIONALITY	<input type="text"/>	CUSTOMER STATUS	<input type="text"/>	RES/NON RES	<input type="text"/>
ACCOUNT OFFICER	<input type="text"/>	LANGUAGE	<input type="text" value="E"/>		

Please provide us with the specimen signatures in the space provided below:

Specimen Signature: _____ Name: _____

Specimen Signature: _____ Name: _____

Specimen Signature: _____ Name: _____

The following signatures must appear on the documents: _____

FOR OFFICE USE ONLY

Authorised by: _____ Date: _____

Processed by: _____ Date: _____