

BIO DATA KYC FORM v2.0

*** Indicates Required, Fill in White Space ONLY where necessary**

NAME * (INDIVIDUAL / COMPANY / BUSINESS AS IT APPEARS ON ID OR REGISTRATION DOCUMENT, ATTACH DOCUMENT COPY IF COMPANY / BUSINESS)		
	CUSTOMER CODE	AUTO GEN
	ACCOUNTING CODE	AUTO GEN
	ACCOUNT TYPE	
CONTACT / TEL NUMBERS *	1.	2.
VALID EMAIL ADDRESS *		
WEBSITE		
ID / REG. NO * (ID NUMBER FOR INDIVIDUAL , REGISTRATION NUMBER FOR COMPANY / BUSINESS)		
BUSINESS PROCESS * (NATURE OF BUSINESS ACTIVITY)		
ACCOUNT TYPE * (INDI FOR INDIVIDUAL , CORP FOR BUSINESS / COMPANY)		
KRA PIN (IF AVAILABLE, MANDATORY IF A BUSINESS / COMPANY)		
NHIF NO (IF AVAILABLE)		
NSSF NO (IF AVAILABLE)		
ASSIGNED TO SALES REPRESENTATIVE * (ENTER AFFILIATE / SALES REP CODE OR NAME, IF NONE USE SYSTEM ADMIN)		
COUNTRY *		COUNTRY CODE *
TOWN / CITY *		ZIPCODE *
REGION / STATE_CODE		COUNTY / STATE *
P.O BOX & STREET *		

FOR CUSTOMER *

IN REVIEW OF THE ABOVE INFORMATION, IT HAS BEEN ENTERED CORRECTLY

* **STAMP/REMARKS/DATE** _____

* **AUTHORIZING OFFICER:** _____

* **SIGNATURE:** _____

Scan to admin@nestict.com

EXPRESS HOUSE, 1ST FLR, MOI AVENUE
 BRANCH : YATMACK CYBER , BUSIA