

BUSINESS IDENTIFICATION DETAILS

Registered Name: _____

Trading Names: _____

Date of registration: _____ Registration Number: _____ PIN Number: _____

Line of Business: _____

LEGAL STATUS (Tick Appropriate)

Limited Liability Company: Partnership: Sole Proprietorship:

Others: Please Specify: _____

CONTACT DETAILS

Physical Trading Address: _____

Postal Address: _____ Postal Code: _____ Town: _____ County: _____

Telephone Number(s): _____ Fax Number(s): _____

Email: _____ Website: _____

DIRECTORSHIP

Number of directors: _____

DIRECTOR 1:

Name & Designation: _____

National ID Number: _____ Date of Birth: _____

Telephone Number(s): _____ Email: _____

Residential Address: _____

DIRECTOR 2:

Name & Designation: _____

National ID Number: _____ Date of Birth: _____

Telephone Number(s): _____ Email: _____

Residential Address: _____



REASON FOR REQUESTING CREDIT REPORT (TICK APPROPRIATE)

Business Interest:

Credit was denied:

Others: Please specify: _____

I / We would like to receive our credit report & any other correspondents via:

Email:

Postal Address:

Collection at our office:

If you wish Metropol CRB to forward your credit report to the institution directly, tick appropriately.

Yes Name of Institution _____

No

Please attach a copy of the Certificate of Incorporation, PIN certificate & National ID's/Alien Registration Certificates/ Passports of the undersigned directors.

I/ We hereby certify that the information and documentation provided in response to the questions herein are true, complete and aut hentic.

I understand that the presentation of forged documents or the passing off of any documents issued by a lawful authority to another person as my own, for purposes of obtaining any right or privilege, is a criminal offence.

I/We confirm that I/We want our credit report delivered to us through the e-mail/postal address indicated herein and hereby authorize Metropol CRB Ltd to mail/deliver/send our credit report to the e-mail/postal address indicated herein. I/ We release Metropol CRB Ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with Metropol CRB Ltd sending/delivering/ mailing our credit report to the addresses that I / We have provided herein.

Director 1 - Name: _____ Date: / / Signature: _____

Director 2 - Name: _____ Date: / / Signature: _____

FOR OFFICIAL USE ONLY

Evaluated/Screened By

Name: _____

Designation: _____

Signature: _____

Date: _____

Remarks: _____

Credit Report Generated By

Name: _____

Designation: _____

Signature: _____

Date: _____

