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RT5-2024 Client Onboarding Form

Company Details

Name of Business:
Physical Address:
City:
Postal Code:
Province:
Contact Person:
Telephone Number:
Cellphone Number:
Email Address:
VAT Number:
Customs Code: (if exporting/importing)

Accounts Department Contact Details

Name:
Telephone number:
Email address:

Invoicing frequency:	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
If monthly, specify Invoicing date:			

Signed at : _____

Signature : _____

Date : _____

