

# Corporate Client Account Registration Form

Please complete all sections in block capitals. This form is designed for physical printing and manual completion or manual review.

## 1. Company Information

Registered Company Name:

Trading Name (if different):

Company Registration Number:

Tax Identification Number (TIN) / VAT Number:

Registered Office Address:

Address Line 2:

City:  State/Province:  Postal/ZIP Code:

Country:

Company Phone Number:

Company Email Address:

Website URL:

## 2. Primary Contact Person

Full Name:

Job Title:

Direct Phone Number:

Direct Email Address:

## 3. Financial and Banking Details

Bank Name:

Bank Account Name:

Account Number:

Routing Number / SWIFT / BIC:

## 4. Authorized Signatory Declaration

By signing below, the authorized signatory certifies that the information provided is true, accurate, and complete, and that they have the legal authority to bind the corporate client.

Authorized Representative Name:

Representative Title:

Signature (Physical Sign Off):

Date (DD/MM/YYYY):