

Corporate Client Registration and Onboarding Form

Please complete all sections in block capitals. This form is designed for corporate onboarding registration and printing.

1. Company Information

Registered Company Name:	<input type="text"/>
Trading Name (if different):	<input type="text"/>
Company Registration Number:	<input type="text"/>
Tax Identification Number (TIN) / VAT Number:	<input type="text"/>
Industry Sector:	<input type="text"/>
Company Website:	<input type="text"/>

2. Registered Address

Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State / Province / Region:	<input type="text"/>
Postal / ZIP Code:	<input type="text"/>
Country:	<input type="text"/>

3. Primary Corporate Contact

Full Name:	<input type="text"/>
Job Title / Designation:	<input type="text"/>
Email Address:	<input type="text"/>
Telephone Number:	<input type="text"/>

4. Financial & Billing Contact (if different)

Full Name:	<input type="text"/>
Billing Email Address:	<input type="text"/>
Billing Telephone Number:	<input type="text"/>
Preferred Payment Terms (e.g., Net 30):	<input type="text"/>

5. Authorized Signatory & Declaration

I hereby certify that the information provided above is true, accurate, and complete to the best of my knowledge.

Authorized Signatory Name:	<input type="text"/>
Title / Capacity:	<input type="text"/>
Signature (Sign here after printing):	<input type="text"/>
Date (DD/MM/YYYY):	<input type="text"/>