Construction Industry Pension Fund

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Know Your Customer Form

Section A: Company Details

Name of Company:

_____

Business Physical Address: _____

Business Contact Numbers: _____

Key Contact Person Name: _____

Contact Person Phone No: _____Email: _____

Section B: Company Directors:

Full Name Email

1. _____: _____
2. _____: _____
3. _____: _____
4. _____: _____
5. _____: _____

Section C: Company Operational Details

Company Nature of business: _____

Date Company registered: _____

NECCIZ Registration Number: _____

Company's association: ☐ CIFOZ ☐ ZBCA

List of other operations the company is involved in.

1. _____

2. _____

3. _____

4. _____

5. _____

Section D: Company Financial Details

Company's main Source of Funds: _____

Company's Banking Details

1. Name of Bank (ZWL): _____

   Account number: _____

   Branch: _____

2. Name of Bank (NOSTRO): _____

   Account number: _____

   Branch: _____

Section E: Company Documents.

Attach the following documents**.**

1. Company documents memorandum and articles and CR14
2. NECCIZ registration document.