



Upper kabete – Ndumbuini Kwa Daggy
P.O Box 76206-00508, 00100 Nairobi , Kenya.
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CUSTOMER INFORMATION FORM

Sole Owner

Partnership

Private Ltd

Public Ltd

Others

BUSINESS INFORMATION

1) Company name in full: _____

2) Date of registration and number (Please attach copy of certificate of incorporation):

3) KRA PIN No _____ V.A.T Exemption Certificate if any _____

NEMA Certificate if any _____

(Attach copy of each please)

4) Nature of business: Partnership/ Limited liability / Proprietorship

5) Business Activity: _____

6) Postal Address: _____

7) Physical Address: _____

8) Contact person for payment of A/c and designation:

9) Telephone No: _____ Fax No: _____

E-mail Address: _____

10) Bankers:

Name

Branch

Account number

7. DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge and agree to abide by the company's terms and conditions.

Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Account Number: _____

Approved By: _____

Date: _____