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BUSINESS CUSTOMER DATA UPDATE FORM

DETAILS OF BUSINESS / SOCIETIES / INFORMAL BODIES

1. ACCOUNT NUMBER:

1. Name:

2. Nature of business:

3. Country of incorporation: Date of registration:

4. VAT No.:

5. Branch name: Tax ID Number:

2. ADDRESS

6. Postal address: Town/City: Country:

7. Physical address: Town/City: Country:

8. Telephone Numbers (W) (Fax)

9. Email address:

10. Residence: Language:

3. ID DOCUMENT DETAILS

11. Registration number: Document name:

12. Country of issue: Issued date:

13. Expiry date:

4. OTHER BANK ACCOUNT DETAILS

14. Account with other banks Yes [] No []

15. Bank name: Type of account:

5. COMMUNICATION TYPE PREFERRED (Please tick)

16. Alerts [] General campaign [] New product update [] Statements [] Targeted campaign []

6. COMMUNICATION CHANNEL PREFERRED (Please tick)

17. Email [] Telephone [] Post []

For official use

Economic sector **Industry** **Sector**

PARTICULARS OF DIRECTORS / OFFICE BEARERS

Director 1 Mnemonic-	Director 2 Mnemonic-
Title: Prof / Dr /Mr / Mrs / Miss / Ms	Title: Prof / Dr /Mr / Mrs / Miss / Ms
Directors Full Names:	Directors Full Names:
Gender: <i>(Please tick)</i> Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender: <i>(Please tick)</i> Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status <i>(Please tick)</i> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Marital Status <i>(Please tick)</i> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>
Sector: Target:	Sector: Target:
Industry: Customer status:	Industry: Customer status:
Nationality: Residence:	Nationality: Residence:
Language:	Language:
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Telephone: (H) (W) (C)	Telephone: (H) (W) (C)
Email:	Email:
Date of birth:	Date of birth:
ID No. (Oman or Passport):	ID No. (Oman or Passport):
Expiry date:	Expiry date:
Place of Birth:	Place of Birth:
Director's signature:	Director's signature:

Director 3 Mnemonic-	Director 4 Mnemonic-
Title: Prof / Dr /Mr / Mrs / Miss / Ms	Title: Prof / Dr /Mr / Mrs / Miss / Ms
Directors Full Names:	Directors Full Names:
Gender: <i>(Please tick)</i> Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender: <i>(Please tick)</i> Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status <i>(Please tick)</i> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Marital Status <i>(Please tick)</i> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>
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Telephone: (H) (W) (C)	Telephone: (H) (W) (C)
Email:	Email:
Date of birth:	Date of birth:
ID No. (Oman or Passport):	ID No. (Oman or Passport):
Expiry date:	Expiry date:
Place of Birth:	Place of Birth:
Director's signature:	Director's signature:

For official use	
Received By:	Date: Signature:
Captured By:	Date: Authorized by: