



MZANZI

OIL & GAS

7 Krishna Lane
Pinetown Durban
3601
0605201972
info@mzansiog.co.za
Reg No: 2013/192253/07
Wholesale No: W/2019/0081

CLIENT INFORMATION FORM

1. COMPANY INFORMATION

Full Name of Entity (Please write complete name as per Certificate of incorporation/Registration)

Trading Name/Abbreviated Name

Type of Company

LTD	PTY	CC	SOLE PROPRIETOR
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Company Registration Number

Date of Registration

Tax Registration Number

VAT Registration Number

2. ADDRESS DETAILS

Business Physical Address

Suburb

City/Town

Postal Code

Business Postal Address

Suburb

City/Town

Postal Code

Contact Details

Telephone

Facsimile

Mobile

Email Address

3. BANKING DETAILS

Bank Name

Name of Account holder

Type of Account

Account Number

Branch Name

Branch Code

4. DIRECTORS**Details of Directors**

FULL NAME	ID/PASSPORT NUMBER	COUNTRY OF ISSUE	SIGNATURE

5. SIGNATORIES**List of Authorised Signatories who can trade on behalf of the Company if such differs from above:**

BOARD RESOLUTION			
NAME	DESIGNATION	SIGNATURE	LIMITS PER TRANSACTION

6. LEGAL

LEGAL ENTITLEMENT:

Name of Permit

Permit/Licenses

Permit Type

Permit Number

Place

Date of Issue

Expiry Date

7. DOCUMENTS REQUIRED

PLEASE PROVIDE A CERTIFIED TRUE COPY OF THE FOLLOWING:

Tick if supplied

- Company Documents/CIPC Disclosure**
- Certificate of Incorporation**
- Organisation Letterhead**
- Registered Physical Address and Utility Account not older than 03 Months**
- Memorandum of Articles of Association (If Incorporated Company)**
- Tax Registration Certificate and Current Tax Clearance Certificate**
- VAT Registration Certificate**
- Board Resolution Supporting Appointment of a Company Representative to Act of Behalf of the Entity**
- Directors/Members ID Card/Passport**

Permit/Licences

Bank Letter Confirming Trading Account/Cancelled Blank Cheque

IMPORTANT POINT:

Additional documentation may be required at the discretion of Orliguard (Pty) Ltd

8. CONTACT DETAILS

GENERAL MANAGEMENT

NAME			
DESIGNATION		FAX	
SIGNATURE		EMAIL	

FINANCE (PAYMENT & INVOICING)

NAME			
DESIGNATION		FAX	
SIGNATURE		EMAIL	

COMPANY SECRETARY (LEGAL MATTERS)

NAME			
DESIGNATION		FAX	
SIGNATURE		EMAIL	

9. DECLARATION

I/We, hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein immediately.

In case any of the above information is found to be false or untrue or misleading, I am/We are aware that I/we may be held liable for it.

Place:

Date:

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)	