CUSTOMER ACCOUNT OPENING FORM



SHAMAJA MABATI



Tel: +254775897775 Email:info.shamajamabati@gmail.com

Registered Business Name					
Postal Address	P.O Box	Post code		Town	
FOSTAI AUGI ESS					
Physical Address					
			Plot No.		
Telephone					
Email					
P. I. N. (copy)			VAT No. (copy)		
Contact Name					
Title / Position					
Name of Financial Controller					
Type Of Ownership	[] Sole Proprietor	[]	Partnership	[] Limited Compa	
Type Of Ownership	[] Other Specify :				
Company Registration No. (copy)			Date of Regis	stration	
Nature of Business				•	
DIRECTORS/PARTN	ERS - Full Name	% Shares	Nationality	MOBILE / HOME Telephone	
1					
2					
3					
Δ					
•					
2. FINANCIAL DETAILS					
Bankers					
Bankers Branch		Account I	1		
Bankers	Name	Account I	No. : Telephone:		
Bankers Branch			Telephone:		
Bankers Branch Contact	Name P.O Box, Code & Town		1	Contact Name	
Bankers Branch Contact TRADE REFERNCES			Telephone:	Contact Name	
Bankers Branch Contact TRADE REFERNCES			Telephone:	Contact Name	
Bankers Branch Contact TRADE REFERNCES			Telephone:	Contact Name	
Bankers Branch Contact TRADE REFERNCES	P.O Box, Code & Town	Tel	Telephone: ephone No.		
Bankers Branch Contact TRADE REFERNCES Name of Organisation	P.O Box, Code & Town	Tel	Telephone: ephone No.		
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKI	P.O Box, Code & Town P.O Box, Code & Town P.O Box, Code & Town	Tel	Telephone: ephone No. ON THIS ACCOUNT	-	
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKI	P.O Box, Code & Town P.O Box, Code & Town P.O Box, Code & Town	Tel	Telephone: ephone No. ON THIS ACCOUNT	-	
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKI	P.O Box, Code & Town P.O Box, Code & Town P.O Box, Code & Town	Tel	Telephone: ephone No. ON THIS ACCOUNT	-	
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKINAME	P.O Box, Code & Town P.O Box, Code & Town P.O Box, Code & Town Designation	Tel	Telephone: ephone No. ON THIS ACCOUNT	-	
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKE Name Estimated Total Value of goods re	P.O Box, Code & Town P.O Box, Code & Town P.O Box, Code & Town Designation	Tel	Telephone: ephone No. ON THIS ACCOUNT ephone No. Kshs.	-	
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKE Name Estimated Total Value of goods re	P.O Box, Code & Town E PURCHASES, ORDERS & PA Designation equired per monthly Basic	Tel	Telephone: ephone No. ON THIS ACCOUNT ephone No.	-	
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKE Name Estimated Total Value of goods re	P.O Box, Code & Town P.O Box, Code & Town E PURCHASES, ORDERS & PA Designation equired per monthly Basic ot exceed this limit	Tel	Telephone: ephone No. ON THIS ACCOUNT ephone No. Kshs.	-	
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKI	P.O Box, Code & Town P.O Box, Code & Town E PURCHASES, ORDERS & PA Designation equired per monthly Basic ot exceed this limit APPLICANT NAME	Tel	Telephone: ephone No. ON THIS ACCOUNT ephone No. Kshs.	-	
Bankers Branch Contact TRADE REFERNCES Name of Organisation PERSONS AUTHORISED TO MAKE Name Estimated Total Value of goods re	P.O Box, Code & Town P.O Box, Code & Town E PURCHASES, ORDERS & PA Designation equired per monthly Basic ot exceed this limit	Tel	Telephone: ephone No. ON THIS ACCOUNT ephone No. Kshs.	-	

I/WE APPLY FOR CREDIT FACILITIES WITH KARSAN RAMJI AND SONS LTD AND AGREE TO THE FOLLOWING:

- a) I/We the undersigned, hereby authorize my/our bankers to submit toShamaja Mabati, at their request a confidential report on whether or not I am/We are in their opinion, fit and proper person(s) to conduct credit facilities with you. The Company may also apply to any referee notified by me/us.
- b) Credit facilities are strictly for 30 days (unless otherwise specifically agreed). All accounts must be settled on or before the close of the following month of supply of goods/services failing which I/We hereby undertake to indemnify and pay to yourselves late payment charges at a rate of 3% per month and service charge of 1% per month on any outstanding amount, both before and after filing any court action if any against me/us.
- c) Shamaja Mabati reserves the absolute right to decline, withdraw or refuse the applicant(s) credit facilities at any time and without notice in the event that the applicant is in breach of these terms and conditions. Such facilities may be re-instated only at the company's discretion, but in the event of the account being closed on more than two occasions; it will not be reopened under any circumstances. In the event of the monthly business falling generally below a minimum level, it is understood that the account will be closed and I/We will revert to cash basis.
- d) I/We agree to pay any legal charges, advocates costs and /or debt collection charges that may result from Shamaja Mabati., appointing a debt collector to recover any debt due to the Company.
- e) Any change of Address/Directors/Shareholding Pattern or any material or major happening that may affect our operations will be notified in writing by me/us to Shamaja Mabati within seven days from date of change.
- f) Credit accounts will be unconditionally suspended incase cheques are returned unpaid for any reason (in which case bank charges for the same will be debited to the debtor) and/or account is overdue beyond agreed terms.
- g) It is understood that Shamaja Mabati, reserves the right to reduce or withdraw the credit facilities at any time without any notice and without assigning any reason thereof.
- h) The total aggregate credit for all orders will not exceed the amount authorized in writing by Shamja Mabati.
- Credit facilities will be granted only after satisfactory references have been obtained.
- j) It is understood by the applicant that the completion of this application form does not automatically qualify me/us for a credit account with Shamaja Mabati.
- k) Shamja Mabati reserves the right to request that the applicant(s) update their credit application information after every three
 - (3) years and as a result some changes may be made to the details of your credit account. Refusal may also result in credit withdrawal.
- I) I/We certify that the information furnished above has been read and understood by me/us, and I/we declare that the information is true and correct in every detail.

APPLICANTS		
SIGNATURE		
SEAL/STAMP		
DATE		
adv corporatos must affix soal in pro-	conso of two directors. Other enterprises to stemp)	

(Body corporates must affix seal in presence of two directors. Other enterprises to stamp)

In consideration for Shamaja Mabati, allowing credit facilities to ______of Post Office Box Number_______(hereinafter called

GUARANTEE

the Company) I/we hereby as Directors, Partners, Proprietor(s) or Guarantor(s) of the said Company hereby give our personal guarantee (s) to repay to you jointly as well as severally any sum or sums that shall be due and payable to you by the Company as if we were the principal debtors. We hereby further confirm and undertake that we will honour your demand for payment within 30 days of request of any sums overdue beyond a period of 30 days from the date of your statement and in the event of default you shall be at liberty to sue for recovery of such sum and late payment charges accrued therefore as a debt recoverable summarily. This guarantee shall not be prejudiced by any other security or guarantee by the Company or its Directors, proprietors or Guarantors may now or hereinafter deposit on account of the Principal or Late Payment Charges.

Signed in consent of the aforesaid on this	day of	20	
•			_

(all directors, proprietors or partners and guarantors to sign)

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3. GENERAL DETAILS							
Attach ID copies of : Owne	r's [] Director's	[] Partners [] Financial C	ontroller []				
Attach copies of : KRA PIN				ration [] Company ann	ual returns,	memorandum	&
Articles and partnership de	ed.						
Director Photo	Director P	hoto	Director P	hoto	A/c , FC, I	Photo	
	5 coto		Director	11000	,,,,,,,,,,,	11010	
					-		
	1 112						
POINT OF SALE : [] Kiter	ngela [] Nguru	nga [] Nakuru [] Mom	basa [] Jar	ibuni [] Syokimau [Katanı		
Name of Products	UOM	Price		Name of Products	UOM	Pri	ce
			1				
			-				
			1				
			1		<u> </u>	-	
			<u></u>				
		Credit Tern	ns and Payn	nents:			
	Description		1	Agreed Terms and C	onditions		
Credit Limit	•	/alue (KSH)					
		` '					
Credit Period		om Delivery Date)					
PLEASE NOTE IF EITHER	OF THE ABOVE,	CREDIT LIMIT OR PERIOD S	SHALL EXCEE	D ITS TERMS YOUR ACC	OUNT WILL B	E CLOSED IMME	DIATELY.
Security Deposit	Cash/BG/Cor	porate Guarantee/other					
Mode Of Payment : Cash [Orders to be made by: L.!	,						
					_		
CHEQUE ACCEPTANCE :	Yes		NO	Current		PD Cheque	
CHEQUE MOCEL TAILORE	163		110	Cheque		Days	
1] I hereby agree that in the withdrawn immediately and	d resume paying	g cash.					rill be
2] We are the authorised si			fied that the	information provided	is accurate a	nd vetted.	
POST DATED CHEQUE F	REQUIRED ON D	ELIVERY []	YES []	NO			
APPLICANT NAI	ME	SIGNATURE		SEAL / STAN	1P	DA	TE
						•	
FOR OFFICIAL USE ONLY							
			•				
Credit Limit Ksh.			۲.	edit Period D	ave from D	olivory / Invoi	CO
Credit Lillit KSII.				edit FeriouD	ays ITOIII D	envery / mvoi	CE
				Current		PD Cheque	
CHEQUE ACCEPTANCE :	Yes		NO	Cheque		Days	
	<u> </u>		 	cheque	1	Days	
CREDIT FACILITIES APPROV	ED BY:		1		DATE:		
		Name	Sign				
Credit control's Comments	:						
APPROVED[]YES[]NO	Date:	Signa	ture:				
		Jigila					
ACCOUNT NO. ALLOCATED:		I	<u> </u>		<u> </u>		
APPROVED[]YES[]NO		Signa	ture:				
COMPANY SEARCH REPORT	TED ON:						
SEARCH CONDUCTED BY:							
BANK REFERENCE:							
OTHER REFERENCE:							
		<u> </u>	<u> </u>				
Findings and Remarks :							