

Account Application Form

Entity Details

APPLICANT'S FULL LEGAL NAME (i.e. not trading name): _____
_____ ("the Customer")

(Please tick) Sole Trader Individual Partnership Ltd company Other _____

Trading as: _____ Postal address: _____

Physical address: _____

Email: _____ Telephone & Fax: _____

Nature of business: _____ Year in business: _____

Contact person and position: _____

OWNERSHIP Please insert Owner(s)/ Director name in full

1: _____ Phone: _____

2: _____ Phone: _____

IF LIMITED LIABILITY COMPANY – Address of registered office: _____

Date of Incorporation: _____ Incorporation No: _____

FINANCIAL & PROFESSIONAL ADVISORS

Shareholders funds: _____ Paid up: _____

Name of Account: _____ Solicitor: _____

Bank: _____ Branch: _____ Account Number: _____

TRADE REFERENCE

Company: _____ Contact Name: _____ Phone No: _____

Company: _____ Contact Name: _____ Phone No: _____

Signed By: _____ Print Name: _____ Designation: _____

Date: _____

PLEASE FAX THIS FORM TO: 09-4155597 OR POST TO: IVSE LTD P.O BOX 101018 NSMC, AUCKLAND

Email to: account@ivse.net