

AGENT REGISTRATION FORM

SECTION 1: AGENT'S DETAILS

Please complete all fields in black letters. Fields marked with asterisks (*) are mandatory. Tick boxes where appropriate.

NAME*

MR. MRS. MISS. (NAME AS PREFERRED ON DOCUMENTS)

ADDRESS*

DATE OF BIRTH* GENDER* MALE FEMALE

MARITAL STATUS* NATIONALITY*

OCCUPATION EMPLOYER:S NAME*

EMAIL ADDRESS*

TELEPHONE NO* MOBILE NUMBER*

REFERRAL CODE

SECTION 2: NEXT OF KIN

NAME:

ADDRESS:

.....

PHONE NUMBER: EMAIL ADDRESS:

SECTION 3: ACCOUNT DETAIL

BANK NAME:

ACCOUNT NAME:

ACCOUNT NUMBER: