***CUSTOMER DETAILS UPDATE FORM***

*(Please fill in all fields on this form and attach your valid business registration)*

*Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY (Legal) NAME: ---------------------------------------------------------------------------------

COMPANY TIN #: -------------------------------------------------------------------------------------------

COMPANY CONTACT PERSON NAME: ----------------------------------------------------------------------

CONTACT PERSON JOB TITLE: --------------------------------------PHONE #---------------------------

COMPANY CONTACT PERSON EMAIL: -----------------------------------------------------------------------

BROKER/FIRM NAME: ------------------------------------------------PHONE#-----------------------------

OFFICE PHYSICAL ADDRESS: ---------------------------------------------------------------------------------

OFFICE PHONE: ------------------------------------------------

IMPORTER EXPORTER BOTH

\*Kindly check both boxes, if applicable.

SIGN: -----------------------------------------------

SIGNATURE and Stamp

Please call our customer care on **+231777014333** if any support needed while filling this form.