

NMISA Customer Registration Information

Customer Details:	
Customer Name:	
Short Name:	
Physical Address:	
Postal Address:	
City:	Country (in full):
Province:	Postal Code:
Banking Details:	
Vendor Banking Name:	Bank Name:
Trading as:	
Bank Account number:	Branch Code:
Type of Account (Tick): Savings Current Transmission Other:	
NMISA Account number with Vendor:	
Please attach a company letterhead and a copy of a cancelled cheque	
Company Contact Person Details:	
Name:	
Department:	
Designation:	
Tel (**If required please complete International dialling code):	
Fax:	
E-Mail:	General E-Mail:
Website:	
Company Financial Contact Details:	
Title:	Full Name:
Tel (**If required please complete International dialling code):	
Fax:	E-Mail:
Vat No:	Company Registration No:

PLEASE EMAIL OF FAX BACK: tcronje@nmisa.org or Fax 086 530 5911 (Tel 012-841 4152)