

KYC Form

Name of the Company: _____

Date of Commencement: _____

Type of Account:

Credit Cash

Import Export

Category of Business: Public Limited Company Private Limited Company Partnership Proprietorship

Registered Address: _____

Head Office Address: _____

Factory Address: _____

Billing Address: _____ Website: _____

Tel: _____ Mob: _____ Email: _____

Head of Organization Name & Designation: _____ Tel: _____

Head of Finance Name & Designation: _____ Tel: _____

Name of the Directors: _____ Tel: _____

Product and Services: _____ Annual Turnover: _____

Customised services (if any): _____

Credit Limit: _____ Payment Terms: _____ days

Bank Name: _____ Account No: _____ Branch: _____

For Proprietorship Company

NID / Passport No: _____ TIN: _____

Sales Lead Generator Name: _____ Tel: _____

Comments: _____

Customer Signature

NordicExpress Limited

Registered Office: Suite No. 7D1, Paramount Heights (7th Floor), 65/2/1 Box Culvert Road, Purana Paltan, Dhaka - 1000, Bangladesh. **Corporate Office:** House # 73, Road # 13A, Block # D, Banani P.O. Box: 1213, Dhaka, Bangladesh, Phone: +880-2-9890430, 8834856-59, 09613554433; Mob: +8801917999444; Fax: 880-2-8825500; Email: info@nex.com.bd; Website www.nex.com.bd
Chittagong Office: Progoti House (Ground Floor), 1070, Sheikh Mujib Road, Agrabad, Chittagong - 4100, Phone: +880-31-2513931, 713409, 717866; Fax: 880-31-2511579