



Maker-Mends Ltd

KYC FORM (Know Your Counterparty)

Company Name

Full Registered Address
(including postcode and Country)

Email

Telephone Number

Registration Year

Registration Number

Vat Number

Company Type

E.g. Retailer, Wholesaler, Online Retailer, Consumer etc

Account Contact/Email

Name of Parent Company (If applicable)

Other Information
(any other relevant accounting information
or questions for Maker-Mends Ltd)

Credit Terms

Request Credit Terms

Signature of Credit Terms



Maker-Mends Ltd

Bank Details (In case of return of payment)

Beneficiary Name

Beneficiary Bank Name

Bank Address

Bank Sort Code

Beneficiary A/C number

IBAN Number

SWIFT/BIC Code

Director/Partner Contact Details

Name

Designation

Date of Birth

Passport or ID Card number

Industry Association Membership
(if applicable)

The Client is requested to send a copy of:
1) The Company's Registration Document.
2) Passport or Photo Identity of the Director/Partner