



INFORMATION FORM

Company Name: _____

Phone Number: _____

Email Address: _____

Office Address: _____

Company Registration Number: _____

Tax Identification Number (or other relevant information to remit tax): _____

Payment Information for Nationals (**Account Details**):

Bank Name	Bank Address	Account Number	Account Name	Swift Code

Payment Information for Non-nationals (**Account Details**):

Bank Name	Bank address	Account number	Bank Swift code	Bank Sort code	Currency

N.B: Other Information needed should be provided below.

Nature of Business:

- Manufacturer Authorized Dealer Information Services
 Wholesaler Retailer Computer Hardware
 Consultancy Website Development Others _____

Do you have any relative who works or worked with AfriLabs at one time or another, or have you worked with AfriLabs? If yes, kindly state;

Name: _____ and

Relationship: _____

Have you ever provided products and/or services to AfriLabs?

- Yes, No



If yes, list the department and name of the personnel to whom you provided such goods and/or services.

Name of Person: _____

Department: _____

Service Provided: _____

Business Reference (Letter to be attached).

Banking Reference (Letter to be attached).

I hereby certify that the information above is true and correct. I am also authorizing AfriLabs to validate all claims with the concerned authorities.

SIGNED BY
(For and on behalf of the Company)

RECEIVED BY
(For and on behalf of AfriLabs)

Signature & Date

Signature & Date

Name

Name

Position

Position