



Customer Information Form

Partner ID*: SBF

Company Name*: _____

du Account number*: _____

Trade licence number*: _____

Trade licence expiry date*: _____ / _____ / _____
DD MM YYYY

Establishment Card number*: _____

Establishment Card expiry date*: _____ / _____ / _____
DD MM YYYY

Company Address: _____

P.O. Box number*: _____

Emirate*: _____

Company physical address*: _____

Building Name: _____

Floor: _____

Office number: _____

Nearest Landmark: _____

Primary contact details: (authorised signatory)

Name: Mr. Ms. Mrs.*: _____

Job title: _____

Office/business telephone number*: _____

Mobile number*: _____

Email address: _____

Alternative contact number (landline or mobile): _____

Contact details: (Billing responsible)

Name: Mr. Ms. Mrs.*: _____

Job title: _____

Office/business telephone number*: _____

Mobile number*: _____

Email address: _____

Fax number: _____