



# SEFT

## Seychelles Electronic Funds Transfer Service Online-CUSTOMER REGISTRATION FORM

Date

Bank Ref

(Please tick and fill in where appropriate IN CAPITAL LETTERS)

**Corporate Customer**

\* Business Name

\* Business Reg. No.

**Individual Customer**

\* Name

\* Surname

\* Date of Birth

\* NIN/Passport No.

### Contact Details

\* Physical Address

\* Email Address

\* Mobile No.

\* Tel No.

Fax No.

### Account Details

\* A/C Name

\* A/C No.

\* A/C Type

Declaration:

I/We hereby confirm that the information provided above is true and correct and wish to register for SCU Online - Seychelles Electronic Funds Transfer (SEFT) Services.

**Signature**

**Signature**

SCU Officials Use.

Approved

Declined

Signature: \_\_\_\_\_

Date: \_\_\_\_\_