

CHEMICALAND

CONFIDENTIAL

APPLICATION FOR AN ACCOUNT

BUSINESS NAME.....

CHEMICALAND REPRESANTATIVE.....

Chemicaland Limited

P.O Box 78333-00507 , NAIROBI KENYA. TEL: 020-2106897/9; MOBILE:0733-734-644
EMAIL: info@chemicaland.co.ke ,website: www.chemicaland.co.ke

TEL.....
 EMAIL ADDRESS.....
 POSTAL ADDRESS.....
 POSTAL CODE.....
 REGION.....

PHYSICAL ADDRESS.....
 STREET..... PLOT NO.....
 BUILDING.....
 NEIGHBOURING BUILDING/
 LANDMARK.....

COMPANY BANKERS	ACCOUNT NO.	BRANCH	PERIOD A/C HELD
I.YRS
II.YRS
II.YRS

IF BY PERSONAL CHEQUE:

ACCOUNT NAME:.....

BANK	ACC NO.	BRANCH	PERIOD A/C HELD
i)YRS
ii)YRS

NAME OF PROPRIETOR/DIRECTORS

NAME AND ADDRESS	IDENTITY CARD NUMBER	% SHARING

DATE OF REGISTRATION OF THE COMPANY

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BUSINESS REGISTRATION NUMBER.....

Please attach copy of certificate of incorporation/Business registration)

CAPITAL BASE OF THE COMPANY:

NOMINAL SHARE CAPITAL KSHS.....

ISSUED AND FULLY PAID KSH.....

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MAIN BUSINESS ACTIVITIES

	ADDRESS	TELEPHONE NUMBER

VAT REGISTRATION NUMBER:.....PIN NUMBER:.....

Please attach copies of both documents

CONTACT PERSONEL

NAME	DEPARTMENT	CELL. CONTACT & E-MAIL
	PURCHASING	
	ACCOUNTS	
	ADMINISTRATION	

CAN YOU PROVIDE A BANK GUARANTEE OR DEPOSIT TO COVER THE CREDIT LIMIT IF REQUIRED? YES.....NO.....

CREDIT REQUESTED ; AMOUNT KSHS.....TERMS.....NO. OF DAYS.....

EXPECTED MONTHLY PURCHASES: KSHS.....

SIGNED:.....WITH COMPANY STAMP/SEAL

DATE:.....

All orders must be accompanied with a written LPO; signed and stamped.

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