



**CUSTOMER INFORMATION FORM(Corporate)**

New Customer

Existing Customer

Date \_\_\_\_\_

Project :		Unit:	
Organization Name:			
Trade License No. :			
Certificate of Incorporation:			
Registration No. :			
Contact Person :			
First Name:	Middle Name:	Last Name:	
Designation :			
Nationality:		Passport No.:	
Sex:		Date of Birth:	
Address:			
P.O. box:		Zip Code :	City :
State:		Country : U.A.E	
Phone No:		Fax No.:	
Mobile No. :			
Email :			
Authorized Signatory Signature & Company Stamp :			

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