

**INPUT FORM FOR CUSTOMER INFORMATION FILE**



<b>BRANCH</b>	<b>ACCOUNT NUMBER</b>	<b>CUST. TYPE</b>	<b>A/C CURRENCY</b>	<b>CONSTITUTION</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>TITLE</b>	<b>SHORT NAME</b>
<input type="text"/>	<input type="text"/>

**FULL NAME**

**COMMUNICATION ADDRESS**

**EMPLOYER ADDRESS**

**PERMANENT ADDRESS**

<b>OFFICE PHONE NUMBER</b>	<b>FAX NUMBER</b>
<input type="text"/>	<input type="text"/>

<b>MOBILE NUMBER</b>	<b>EMAIL ID</b>
<input type="text"/>	<input type="text"/>

**RESIDENTIAL PHONE NUMBER**

**SALARY DETAILS**

<input type="text"/>	<b>EMPLOYER ID</b>	<b>EMPLOYER NUMBER</b>	<b>RESIDENT OR NON RESIDENT Y OR NO</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

<b>DATE OF BIRTH OF INDIVIDUALS</b>	<b>PASSPORT NUMBER</b>	<b>NATIONAL ID</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>BRF1 CODE</b>	<b>BRF2 CODE</b>	<b>BRF3 CODE</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**INTRODUCERS' DETAILS**