

# Contactperson registration form

**Please note:** Be sure to fill in all the fields. Your application cannot be accepted if the form is incomplete.

## Your company details

Company name \_\_\_\_\_

Address \_\_\_\_\_

Postal code/city \_\_\_\_\_

Telephone \_\_\_\_\_ ICS customer number \*

\* As given in your account statement.

## Contact details

First names (as given in passport) \_\_\_\_\_  M  F

Initials \_\_\_\_\_

Birth name \_\_\_\_\_ Surname prefixes \_\_\_\_\_

Current surname \_\_\_\_\_ Surname prefixes \_\_\_\_\_

Date of birth \_\_\_\_\_

Resident in country (private) \_\_\_\_\_

Nationality \_\_\_\_\_

Birthplace \_\_\_\_\_

Country of birth \_\_\_\_\_

Business e-mail address \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

The contact named above is authorised to maintain contact with ICS and to submit requests on the following matters

1. Applications for copies of account statements.
2. Applications for other financial information.
3. Applications for financial corrections (e.g. debit interest).
4. Cancellation of an ICS Business Card.
5. Applications for PIN reminders.
6. Applications for a replacement ICS Business Card.

Place \_\_\_\_\_ Date \_\_\_\_\_

Contact's signature \_\_\_\_\_

This form must be signed by an authorised company signatory. If you have not previously acted as an authorised signatory towards ICS, you will also need to complete the form for authorised signatories.

NB: We are unable to accept applications from authorised signatories who have not yet registered with ICS.

Name of authorised signatory \_\_\_\_\_

Date of birth \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature of authorised signatory \_\_\_\_\_

In case of joint authorisation

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_