

COUNTERPARTY REGISTRATION FORM (Bank Details Confirmation)

Legal Name			
Trading Name (if applicab	ole)		
SUPPLIER	TRADER	CUSTOMER	OTHER
If other please specify			
Country of Incorporation		Date of Incorporation	
Registration Number		VAT Number	
Operating Address			
Nature of business			
BANK REFERENCES	Primary Bank		Secondary Bank
Name of Bank			
Account Number			
IBAN Number			
Currency			
Swift Code			
Branch			
Country			
FLEX Commodities DMCC is rea	istered and licensed as a fre	e zone company under t	the rules & regulations of DMCC

www.flexcommodities.com





P.O.Box: 452911



Intermediate Bank (if any)

Please enclose a Bank reference letter in addition to your company's Trade License / Registration.

We confirm that the above provided information is true and accurate.					
Authorized Signatory Name:					
Signature		Date			

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