COMPUTRONIX TECHNOLOGIES CUSTOMER
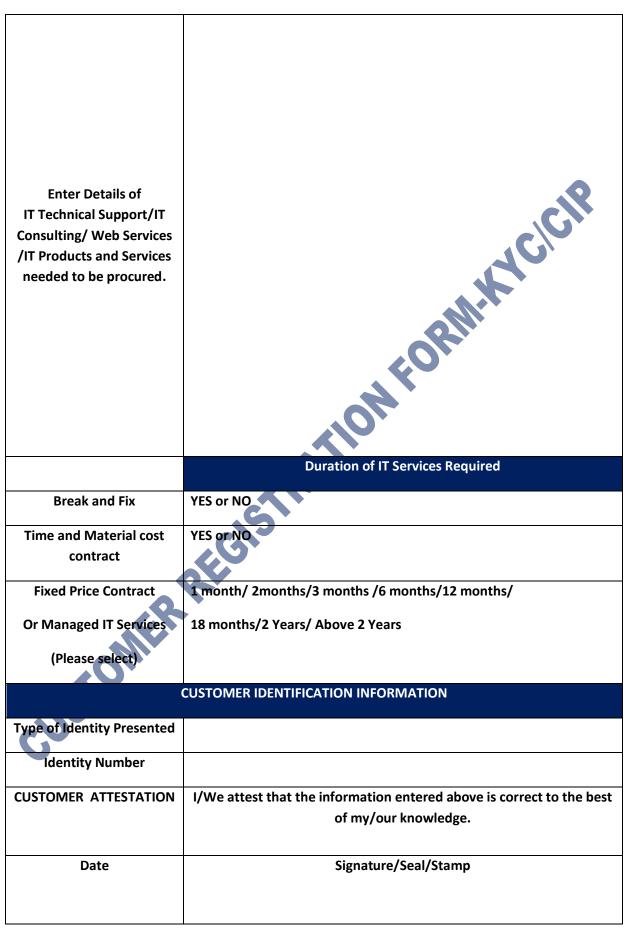
REGISTRATION (KYC/CIP) FORM

COMPU TRONIX

IT TECH SUPPORT / IT CONSULTING / IT PROCUREMENT & WEB SERVICES.		
First Name		
Middle name		
Last Name		
Date of Birth		
Occupation		
Type of Business		
Country of Resident		
Signature		
Date		
Nationality	**State**	**City/Town/Village/LGA**
Street Address/Post code/Postal Mail Address:		
Telephone number		
Email Address		
Fax number		
Company or Business Name (If any)		

Enter Details of IT Technical Support/IT Consulting/ Web Services /IT Products and Services needed to be procured.	
	Duration of IT Services Required
Break and Fix	**YES or NO**
Time and Material cost contract	**YES or NO**
Fixed Price Contract **Or Managed IT Services** **(Please select)**	**1 month/ 2months/3 months /6 months/12 months/** **18 months/2 Years/ Above 2 Years**
CUSTOMER IDENTIFICATION INFORMATION	
Type of Identity Presented	
Identity Number	
CUSTOMER ATTESTATION	**I/We attest that the information entered above is correct to the best of my/our knowledge.**
Date	**Signature/Seal/Stamp**

FOR COMPUTRONIX TECHNOLOGIES OFFICE USE ONLY	
Assessed By	
Date	
Position/Department	
Signature/Stamp/Seal	

RETURNING OF COMPLETED FORM

Send completed form by Email to: post@computronixsupport.com

or by Postal mail to: P.O Box 420 Emene. 4001 NG, Enugu, Nigeria.

**For Further Information, Visit us at: https://.computronixsupport.com
or Call +234-813-961-7210**

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