



# New Customer Form

To be completed by the Supply Group Owner and returned to the KMC

Name:		Customer Type	Individual	Select applicable
			Company	
VAT No				
Company No				
Address 1				
Address 2				
City				
Region				
Postal Code				
Country				
Email				
Telephone				

Contact Person (only complete items that are different from above)

Name				
Designation				
Address1				
Address2				
City				
Region				
Postal Code				
Country				
Email				
Telephone				
Fax				

Signed:  Name:  Date:

For office use only			
Verified by:			
Name		Designation	
Signature		Date	
Processed by:			
Name		Designation	
Signature		Date	