

CUSTOMER O'CARD ACCOUNT OPENING REQUEST FORM

CUSTOMER'S ADDRESS:

(To be filled in capital letters)

Customer Type:

Customer Name: Short Name: Business Type:

Address

City: Region:

Sub City: Kebele: House No: P. O. Box:

Telephone No: Fax No: TIN: Nationality:

E-mail Address

Contact Person's Name

Mobile No. (Essential)

How many cards do you want?

One Card

More than One Cards

Do you want to receive statistical reports proposed by Libya Oil Ethiopia?

Detailed Monthly statement, by card

Monthly statement of anomalies (Differences/Adjustments)

Authorized signature and stamp of the enterprise

For Office Use

Business Unit:

JDE Account:

Fettan Account: