

PROMASIDOR NIGERIA LTD
Staff Registration Form (NAV)

Employee Name: _____

PNG Staff No: _____

Department: _____

Cost Center: _____

Location: _____

Account type:

- Kindly select one of the following account types:

✓ ADVANCE

✓ FLOAT

Payment term:

- Kindly select one of the following payment terms:

✓ IM

✓ 7 Days

✓ 15 Days

FOR AP USE ONLY

	NAME	SIGNATURE & DATE
Processed		
Reviewed		
Approved		