

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		