



CLIENT ONBOARDING FORM

Section A: Business Information

- Business Name: _____
- Type of Business (e.g. Retail, Agriculture, FMCG): _____
- Company Registration No.: _____
- VAT Number (if applicable): _____
- Contact Person: _____
- Designation: _____

Section B: Contact Details

- Email Address: _____
- Phone Number (Mobile & Office): _____
- Physical Address: _____
- Preferred Communication Method (✓):
☐ Phone ☐ Email ☐ WhatsApp

Section C: Load Details (for Profile Setup)

- Typical Load Types (e.g. Pallets, Bulk, Containers): _____
- Average Load Weight: _____
- Common Pickup Locations: _____
- Common Delivery Locations: _____
- Frequency of Loads:
☐ Daily ☐ Weekly ☐ Monthly ☐ On-demand

Section D: Billing Information

- Billing Contact Person: _____
- Billing Email Address: _____
- Billing Phone Number: _____

- Preferred Payment Method:
☐ Bank Transfer ☐ Mobile Money ☐ Credit Terms

Section E: Supporting Documents

(✓ Upload or attach copies)

- ☐ Company Registration
- ☐ Company Extract
- ☐ VAT Certificate (if registered)
- ☐ Tax Clearance Certificate
- ☐ Proof of Address
- ☐ ID copy of Director/Authorized Signatory
- ☐ Bank Account Confirmation Letter/ Bank Statement(not older than 3 months)
- ☐ Confirmation of Goods in Transit insurance cover