CHARGER IDENTIFICATION FORM

I. Section to be fully completed by the charger or a person authorized by them

I.1. Charger's Information

Name of the Charger: .....

Company Name: .....

Abbreviation (Acronym): .....

Gender: .....

Physical Address: Street..... No.....

District: ..... City: .....

Email Address: .....

Telephone: .....

RCCM Number: .....

National ID Number: .....

Tax Number: .....

Business Sector(s): .....

I.2. Information of the person authorized by the charger

Name: .....

Title/Position: .....

Gender: .....

Physical Address: Street..... No.....

District: ..... City: .....

Telephone: .....

I.3. PRODUCT(S)

Product(s)/Import: .....

Product(s)/Export: .....

I.4. Mode(s) of transport used: .....

I.5. Place of subscription: .....

I.6. Contact details of the responsible person (Manager)

Name: .....

Title: .....

Email: .....

Subscriber's signature

II. Section reserved for OGEFREM

Concerned entity: .....

Issuing department: .....

Name of the assigned officer: .....

Subscription card number: .....

Treasury Receipt No.: ..... Amount: ..... Rate: .....

Payment slip number: .....

Bank: ..... Amount: ..... Rate: .....

Date: ..... Signature: .....