



Entity Self Inquiry Form

Form No –

Entity Details (This information is necessary to identify the Entity to provide Self Inquiry Report - Please complete all details below - Mandatory fields*).

Please note the data should be in CAPITAL LETTERS Only

Name:

Entity Name	
Trade/ Short Name	

Contact Details: (as provided to the Bank/ Financial Institution/others)**Mailing Address (Please provide only Nigerian Address)**

Plot Number :	
Building Name:	
Street :	
Area :	
State :	

Telephone	Area Code	Phone Number
Fax	Area Code	Phone Number
URL		

Is permanent address same as mailing address? ☐ Yes ☐ No

Permanent Address * *(Please fill in case permanent address not same as mailing address)

<input type="checkbox"/> Nigerian	<input type="checkbox"/> Foreign	
Plot Number :	Flat / Floor :	
Building Name:	Block :	
Street :	Off Street / Landmark:	
Area :	City :	
State :	Postal code :	
Telephone	Area Code	Phone Number
Fax	Area Code	Phone Number
URL		



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Identifiers	
Entity	
Company Identification Number	
Business Tax Registration Number	
Date of Registration(DD-MMM -YYYY)	

Bank/ Financial Institution Details	
Bank/ Financial Institution ID (as provided by CRC, Nigeria) (Leave Blank if not known)	
Bank/ Financial Institution Name	
Branch Name	

Bank/ Financial Institution Use Only	
(to be provided compulsorily if Self Inquiry form submitted through Bank/ Financial Institution on behalf of the Subject)	
Payment Received By Demand Draft:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify Proof Provided (please tick)	
Company Identification Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax Registration Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Representative (Individual) representing the Entity	
Letter of Authorization from Company/ Business	
Proof of Authorization	
Identification Number	
Passport (for Non Resident of Nigeria)	
Form to be processed	
All information provided is verified with proof ID and support Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, enter reason	
Accept Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, enter reason for rejection	
Is the Demand Draft Returned? (incase of rejection)	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Authorization by Bank/ Financial Institution

Date(DD-MMM -YYYY)	
Seal and Signature	
Name of Person	
Designation	

Entity Representative (Individual) Details

Identifier for Person submitting the Form on behalf of the Entity

Name	
Representative Salutation:	
Representative Full Name:	

Identifiers

Date Of Birth	DD:	MMM:	YYYY:
Gender (please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Citizenship (please tick)	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Foreign	

Resident of Nigeria (If applicable) (Please indicate at least one ID type)

National Identification Number	
Passport Number	
Driving License	

Non Resident of Nigeria (If applicable)

Passport Number	
Country	

Others

Driving License	
Nature of Relationship : (to be obtained from the Letter of Authorization from the Corporation)	<input type="checkbox"/> Agent <input type="checkbox"/> Delegated Member <input type="checkbox"/> Manager <input type="checkbox"/> Proprietor <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Partner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Representative <input type="checkbox"/> Others (Specify)
Telephone	Area Code: Phone Number
Mobile Number (prefix with country code)	
Email ID	



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NOTE: The following documents are required to be filed in case of request for Self Inquiry Report is raised by an employee on behalf of the Entity:

- A photocopy of the National ID, Driving License (Applicable for Nigerian Citizens) / Passport of the Employee (Applicable for Nigerian or Non- Nigerian Citizens), who is raising the request for Self Inquiry Report on behalf of the Entity
- Proof of Company Identification Number
- A letter from Company/ business indicating the name of the employee and
- Proof of Authorized Signatory at the time of Verification by CSE of CRC Nigeria

Declaration by the Customer

I _____, wish to request for an Entity Self Inquiry Report. I hereby declare that all the information furnished above is true and documents attached are genuine and true copies. I am also aware that all the information enclosed above will be subject to further scrutiny by CRC, Nigeria

Date (DD-MMM -YYYY):Ex. 12 - Jan – 2007 :

Seal and Signature

Designation / Position



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Bureau Use Only		
Member Bank Verification Done	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No – Reject Form		
Demand Draft Attached (please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No – Reject Form		
Delivery of Entity Self Inquiry Report		
Mailing Address Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Mailing Address Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No – Reject Form		
Identify Proof Provided (please tick)		
Entity		
Company Identification Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No – Reject Form		
Business Tax Registration Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Related Individual		
Letter of Authorization from Company/ Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Authorization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identification Card Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Passport Number (for Non Resident of Nigeria)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No- Reject Form		
Entity Self Inquiry Report		
Report Successfully generated (Applicable for Credit report /No-Hit Report)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes Enter Report Order Number (Applicable for Credit report /No-Hit Report)		
If No Enter Reason		
Is the Demand Draft to be Returned? (incase of rejection)	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Verification by CRC, Nigeria Official

Date(DD-MMM -YYYY)

Seal and Signature

Name of Person

Designation