

## enoFin™ New Client Registration Form

**TO:** enoFin Care Team

**FROM:**

**DATE OF APPLICATION:**

	Company Information	Details
1	Company Name	
2	Company Registration Number	
3	Company Address	
4	Nature of Business	

User Registration			
No	User Name	Preferred User ID <sup>1</sup>	User Email Address
1			
2			
3			
4			

As part of our enhanced security process, we require you to provide us with a valid email address. An invalid email address will result in the inability to complete the registration process.

By signing this form, I/we hereby confirm that I/we have read the Terms and Conditions of Use of Crowe enoFin web application and agree to abide and be bound by such terms and conditions.

**Client's Signature:**

**Name:**

<sup>1</sup>If your preferred User ID is not available, an alternative User ID will be assigned to you.

For Office Use Only	
<input type="checkbox"/> Creation of Database IDs	<input type="checkbox"/> Creation of User IDs