

CORPORATE ACCOUNT APPLICATION



Corporate Details

Name:			
Company / W.O. No.:	Non Resident Controlled ?	YES	NO

Physical Address

Street:	
Suburb:	
Town:	

Postal Address *

* If different from above

P O Box :	Post Office / Town:
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Contact Details

Phone :	Fax :
Cell :	Email Address:

Bank Details :

Bank :	
Branch :	Account No :
Account Name :	

Authorised Signatory 1

Mr/Mrs/Ms/Miss	Surname		
First Name & Initial		Designation	
Date of Birth	ID Number	Email	

Authorised Signatory 2

Mr/Mrs/Ms/Miss	Surname		
First Name & Initial		Designation	
Date of Birth	ID Number	Email	

- We wish to receive Monthly Statements **OR** We wish to receive Deal Notes for each Transaction
 Please Reinvest any interest Taxpayer We wish to receive Statements or Deal Notes by Email

Being duly authorised We apply for a money market account. This account is subject to the provisions of the Building Societies Act [Chapter 24:02], the Rules of the Society and the Terms of Issue and Conditions of Use of any CABS CARD issued pursuant to this application. Your attention is drawn to the provisions of Sections, 19, 20 and 21 of the Building Societies Act. Copies of the Rules of the Society and Terms and Conditions of Use of a CABS CARD are available on request.

We agree to maintain, at all times, the minimum balance as maybe advised to us from time to time. We hereby authorize CABS to accept any instructions emanating or purporting to emanate from us in terms of the email addresses completed by us on this application. We acknowledge and understand that CABS shall bear no responsibility or liability of any nature whatsoever as a result of it taking any action pursuant to such instruction given in an email addressed from the email addresses set out in this application. We acknowledge further that We shall not be entitled to make any claim of any nature whatsoever against CABS to recover any losses suffered by us in connection with or arising out of any action taken by CABS pursuant to an email from the email addresses set out in this application. We furthermore indemnify CABS against any financial loss it may suffer as a result of any claim, action, proceeding, investigation, demand, judgment or award of any nature which may be made, instituted, threatened or alleged against CABS as a result of it taking any action pursuant to an instruction emanating from the email addresses set out in this application and We undertake to pay forthwith upon demand to CABS any amount which it is lawfully compelled to pay to any person as a result of any claim made against it arising from any action which it has taken in pursuance of an instruction emanating from the email addresses set out in this application.

Authorised Signatory _____ Authorised Signatory _____ Date : _____

- Copy ID held
 Copy Tax Exemption held
 Copy of Proof of Residence held
 Copy of Certificate of Incorporation held

FOR OFFICE USE ONLY

- Copy CR14 Held
 Resolution of Directors
 Memorandum & Articles Seen

Operator : _____

Verified : _____

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Account Number Allocated