INDIVIDUAL ACCOUNT APPLICATION

Name	**Title**	**Surname**	
	First Name & Initial		**M / F**
	Date of Birth	**ID Number**	
Residential Address	**Street:**		
	Suburb:		
	Town:		
Postal Address *	**P O Box :**	**Post Office / Town:**	

* If different from above

Contact Numbers	**Work:**	**Home:**
	Cell :	**Fax :**
Email Address:	**Email Address:**	

Bank Details :	**Bank :**	
	Branch :	**Account No :**
	Account Name :	

☐ **Is this a joint account ?**

Joint Account Name:	**Title**	**Surname**
	First Name & Initial	
	Date of Birth	**ID Number**

☐ I wish to receive Monthly Statements **OR** ☐ I wish to receive Deal Notes for each Transaction

☐ Please Reinvest any interest ☐ I am a Taxpayer ☐ I wish to receive Statements or Deal Notes by Email

Being duly authorised I/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.

I/We agree to maintain, at all times, the minimum balance as maybe advised to us from time to time.

I hereby authorize CABS to accept any instructions emanating or purporting to emanate from me in terms of the email address completed by me on this application. I 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 address set out in this application. I acknowledge further that I shall not be entitled to make any claim of any nature whatsoever against CABS to recover any losses suffered by me in connection with or arising out of any action taken by CABS pursuant to an email from the email address set out in this application.

I 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 address set out in this application and I 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 address set out in this application.

Client Signature _____ Date : _____ Joint Acc. Holder _____

FOR OFFICE USE ONLY

☐ Copy ID Held

☐ Copy Tax Exemption Held

☐ Copy of Proof of Residence Held

☐☐☐☐☐☐☐☐☐☐

Account Number Allocated

Operator : _____

Verified : _____