



Account

PLEASE COMPLETE THE FOLLOWING IN BLOCK LETTERS

Name of organisation

Certificate of incorporation number

Non resident controlled? YES NO

Postal Address

Physical Address (if different)

Phone No. Alternate No.

Cellphone No. Fax No.

Email:

How do you want to operate the account?

by Mandate Pin Card
ie: more than one signature

Other Cabs account nos.

Grid of 40 boxes for other Cabs account numbers

I confirm I/We are duly authorised to apply for this account, subject to the provisions of the Building Societies Act, 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 Section 19, 20, and 21 of the Building Societies Act. Copies of the Rules of the Society and Terms of Issue and Conditions of Use of a CABS CARD are available on request.

Details of directors/partners/signatories

Form for Director/Partner/Signatory 1: Title, Name, Date of birth, Designation, Signature, ID No., Drivers Licence No., Passport No.

Form for Director/Partner/Signatory 2: Title, Name, Date of birth, Designation, Signature, ID No., Drivers Licence No., Passport No.

Form for Director/Partner/Signatory 3: Title, Name, Date of birth, Designation, Signature, ID No., Drivers Licence No., Passport No.

Form for Director/Partner/Signatory 4: Title, Name, Date of birth, Designation, Signature, ID No., Drivers Licence No., Passport No.

For official use only

Checked by

Signature

