



Bank on Strength and Visio

ACCOUNT APPLICATION
(COMPANY, PARTNERSHIP, ASSOCIATION ETC)

MEMORANDUM OF ARTICLES OF ASSOCIATION SEEN.....

ACCOUNT NO: [grid] AREA CODE: [grid] SITE CODE: [grid]

PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS

NAME OF ORGANISATION: _____

CERTIFICATE OF INCORPORATION NUMBER (Where applicable): _____

NON RESIDENT CONTROLLED? YES [] NO []

PHYSICAL ADDRESS: _____

POSTAL ADDRESS (IF DIFFERENT): _____

PHONE NO: _____ ALTERNATE NO: _____ CELLPHONE NO: _____

FAX NUMBER: _____ EMAIL: _____

DETAILS OF DIRECTORS / PARTNERS / SIGNATORIES:

TITLE _____ NAME (in full) _____ SIGNATURE _____ DATE OF BIRTH _____

DESIGNATION _____ ID No. [grid] [grid]

TITLE _____ NAME (in full) _____ SIGNATURE _____ DATE OF BIRTH _____

DESIGNATION _____ ID No. [grid] [grid]

TITLE _____ NAME (in full) _____ SIGNATURE _____ DATE OF BIRTH _____

DESIGNATION _____ ID No. [grid] [grid]

TITLE _____ NAME (in full) _____ SIGNATURE _____ DATE OF BIRTH _____

DESIGNATION _____ ID No. [grid] [grid]

OTHER CABS ACCOUNT NOS.:

Grid for other CABS account numbers (4 columns x 4 rows)

Grid for other CABS account numbers (4 columns x 4 rows)

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.

GOLD CARD [] BLUE CARD [] ICABS [] EASY BANK [] MANDATE REQUIRED []

I/We agree to maintain at all times a minimum balance of \$

SIGNATURE _____ DESIGNATION _____

SIGNATURE _____ DESIGNATION _____

SIGNATURE _____ DESIGNATION _____

SIGNATURE _____ DESIGNATION _____

DATE: _____

FOR OFFICE USE ONLY

CHECKED BY _____ SIGNATURE _____