

# APPLICATION TO OPEN AN ACCOUNT

PERSONAL / SOLE PROPRIETORSHIP / JOINT



A Member of the OLD MUTUAL Group

## FOR OFFICE USE ONLY

CUSTOMER'S T24 ID:                      CUSTOMER'S T24 ID:                      (If Joint) ACCOUNT NO:

BRANCH: \_\_\_\_\_

## ACCOUNT SPECIFICATIONS (PLEASE TICK APPROPRIATE BOXES)

**ACCOUNT CURRENCY:** USD  ZAR  OTHER  \_\_\_\_\_  
**ACCOUNT TYPE:** BLUE TRANSACTIONAL  BLUE SAVINGS  SPECIAL 60 PLUS TRANSACTIONAL  MONEY MARKET   
GOLD TRANSACTIONAL  GOLD SAVINGS  SENIOR CITIZEN TRANSACTIONAL  TERM DEPOSIT

## APPLICANT'S PERSONAL DETAILS

### PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

TITLE (MR, MISS, MRS, DR, PROF, ETC) \_\_\_\_\_ SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ SECOND NAME \_\_\_\_\_ D.O.B.

District of birth \_\_\_\_\_ Number of dependants \_\_\_\_\_

NATIONAL ID NUMBER (Mandatory)                      NATIONAL ID NUMBER EXPIRY DATE

DRIVER'S LICENCE NUMBER

PASSPORT NUMBER                      ISSUE DATE           EXPIRY DATE

Passport place of issue \_\_\_\_\_ Passport issuer country \_\_\_\_\_ PREVIOUS PASSPORT NUMBER

GENDER: Male  Female  MARITAL STATUS: Single  Married  Divorced  Widowed

NATIONALITY \_\_\_\_\_ COUNTRY OF RESIDENCE \_\_\_\_\_

CITIZENSHIP: (Tick Applicable) RESIDENT  NON RESIDENT  BRANCH: \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

PHONE NO. (H) \_\_\_\_\_ CELLPHONE NO(s) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

Do you have an existing account with CABS? (If yes, please specify account number) NO  YES

Do you have any of the following: (please tick and complete)

Facebook: Facebook Name: \_\_\_\_\_ Twitter: Twitter Name: \_\_\_\_\_

Skype: Skype Name: \_\_\_\_\_ Linked in: Linked in Name: \_\_\_\_\_

## How would you like us to communicate with you?

EMAIL  FAX  LETTER  MOBILE  FACEBOOK  TWITTER  SKYPE

**RESIDENTIAL STATUS** OWNED  RENTED  OTHER (Specify) \_\_\_\_\_

If Owned, value of current residence \_\_\_\_\_ Do you own other properties: Yes  No  Total Value \_\_\_\_\_

## Expected type of activity on account:

RTGS  Telegraphic Transfers  Cash deposit/withdrawals  Salary  Loan/Investment  Other \_\_\_\_\_

## EMPLOYMENT STATUS AND DETAILS

PERMANENT  UNEMPLOYED  TEMPORARY  PENSIONER  OTHER (Specify) \_\_\_\_\_

SELF EMPLOYED/ SOLE PROPRIETOR  Business Name (If self-employed) \_\_\_\_\_

Establish Date           Average monthly expenditure            Gross Income (if self-employed)

Education \_\_\_\_\_ Occupation/ Nature of business (Delete inapplicable): \_\_\_\_\_

Duration  Years Employer's name & Physical Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Date of Employment \_\_\_\_\_ Salary Date: \_\_\_\_\_

Annual Bonus Amount: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Total Other Income Amount: \_\_\_\_\_ Other source of Income: \_\_\_\_\_

## SPOUSE/PARTNER

Full Name \_\_\_\_\_ Tel: Bus: \_\_\_\_\_

Email: \_\_\_\_\_ Res: \_\_\_\_\_ Mobile: \_\_\_\_\_

Does Spouse/Partner bank with CABS: (Please tick) Yes  No

## NEXT OF KIN (OTHER THAN SPOUSE/PARTNER)

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: Bus: \_\_\_\_\_ Res: \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**FINANCIAL DETAILS**

ACCOUNT NO:

Do you have any accounts with another bank?

Bank 1 Name: \_\_\_\_\_ Bank 2: \_\_\_\_\_ Bank 3 : \_\_\_\_\_

**IF JOINT (SECOND APPLICANT'S DETAILS)**

TITLE (MR, MISS, MRS, DR, PROF, ETC) \_\_\_\_\_ SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ SECOND NAME \_\_\_\_\_ D.O.B.

District of birth \_\_\_\_\_ Number of dependants \_\_\_\_\_

NATIONAL ID NUMBER (Mandatory)

NATIONAL ID NUMBER EXPIRY DATE

DRIVER'S LICENCE NUMBER

PASSPORT NUMBER  ISSUE DATE

EXPIRY DATE

Passport place of issue \_\_\_\_\_ Passport issuer country \_\_\_\_\_ PREVIOUS PASSPORT NUMBER

GENDER: Male  Female  MARITAL STATUS: Single  Married  Divorced  Widowed

NATIONALITY \_\_\_\_\_ COUNTRY OF RESIDENCE \_\_\_\_\_

CITIZENSHIP: (Tick Applicable) RESIDENT  NON RESIDENT  BRANCH: \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

PHONE NO. (H) \_\_\_\_\_ CELLPHONE NO(s) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

Do you have an existing account with CABS? (If yes, please specify account number) NO  YES

Do you have an any of the following: (please tick and complete)

Facebook: Facebook Name: \_\_\_\_\_ Twitter: Twitter Name: \_\_\_\_\_

Skype: Skype Name: \_\_\_\_\_ Linked in : Linked in Name: \_\_\_\_\_

**How would you like us to communicate with you?**

EMAIL  FAX  LETTER  MOBILE  FACEBOOK  TWITTER  SKYPE

**RESIDENTIAL STATUS** OWNED  RENTED  OTHER (Specify) \_\_\_\_\_

If Owned, value of current residence \_\_\_\_\_

Do you own other properties: Yes  No  Total Value \_\_\_\_\_

**Expected type of activity on account:**

RTGS  Telegraphic Transfers  Cash deposit/withdrawals  Salary  Loan/Investment

**EMPLOYMENT STATUS AND DETAILS**

PERMANENT  SELF EMPLOYED/ SOLE PROPRIETOR  UNEMPLOYED  TEMPORARY

PENSIONER  OTHER (Specify source of income) \_\_\_\_\_

OCCUPATION/ NATURE OF BUSINESS (Delete inapplicable): \_\_\_\_\_

DURATION  YEARS EMPLOYER'S NAME AND PHYSICAL ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ Date of Employment \_\_\_\_\_

Salary Date: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Annual Bonus Amount: \_\_\_\_\_ Other source of Income: \_\_\_\_\_

Total Other Income Amount: \_\_\_\_\_

**INTERNET BANKING**

Would you like internet banking for yourself YES  NO  , if yes please fill in the spaces provided below;

Preferred Internet Banking User ID [Min 6 chars - and is case sensitive] \_\_\_\_\_

Memorable Word [Should be a single word; to be used on initial sign on - Min 6 characters and is NOT case sensitive.] \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ (Login instructions will be sent to this email address)

**SMS / EMAIL ALERTS**

Would you like to register for SMS / Email Alerts? YES  NO  , if yes, please select by ticking Alert types you require;

All Debits Yes  No  Minimum Amount

All Credits Yes  No  Minimum Amount

**Other Alert types:** (please select by ticking SMS Types you require)

Drawings Settlement Yes  No  Letter of Credit Charges Yes  No

Inward Collections Payments Yes  No  Guarantee Amendments Yes  No

Letter of Credit Amendments Yes  No  Guarantee Charges Yes  No

**E - STATEMENT**ACCOUNT NO: Would you like to register e- statements? YES  NO  , if yes please fill in the spaces provided below;E-STATEMENT PASSWORD (between 6 - 10 characters and can be a combination of letters and numbers): Frequency: Daily  Every business day  Weekly  Monthly  (Please tick applicable)**TERMS AND CONDITIONS****1. TERMS / SCOPE**

The information contained herein together with any further instructions and conditions that may be prescribed by the CABS from time to time shall constitute the terms of the agreement between the customer and CABS. When this application form has been signed, it will be deemed to have been accepted as binding on the customer and the CABS representative office or affiliate where the account is held.

These conditions apply to each account opened under the Account Opening Form or in any other acceptable manner.

**2. THE ACCOUNT**

The Customer shall assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments, receipts or other instructions deposited into the account. The CABS will not be responsible for any loss of funds deposited with it arising from any future Government order, law, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond its control. Your account shall be debited for any service charge that is set by the CABS from time to time. All notices or letters will be sent to the physical, postal or electronic address supplied by you and will be considered duly delivered and received at that time it is delivered or seven days after posting.

**The CABS will not be liable for funds handed over to members of its staff other than the Tellers in the CABS's premises with the appropriate deposit slip. Any anomaly in the entries on your Bank statements must be brought to the attention of the CABS within 30 days of the date thereof and you agree that the failure to give such notice absolves the CABS from all liabilities arising thereof.**

The CABS may exercise its general lien or any similar right it is entitled to including the right to combine and consolidate all or any of the Customer's accounts with the CABS, and the right to set off or transfer any sum or sums standing to the credit of any one or more of such accounts against liabilities in any other account.

**3. DISCLOSURE**

The applicant agrees and authorise the CABS or the approved credit reference bureau to: a) make enquiries from any bank, financial institution or approved credit reference bureau in Zimbabwe to confirm any information provided by the applicant. b) Seek information from any bank, financial institution or approved credit reference bureau when assessing the customer at any time during the existence of the applicant's account. c) Disclose to financial clearing bureau, an approved credit reference bureau, information relating to the applicant's account maintained at the CABS.

**4. INSTRUCTIONS**

CABS may rely on the authority of each person designated (in a form acceptable to CABS) by the Customer to send instructions or do any other thing until CABS has received written notice or other notice acceptable to it of any change from a duly authorized person and CABS has had a reasonable time to act (after which time it may rely on the change).

Each of the Customer and CABS will comply with certain agreed security procedures designed to verify the origination of instructions between them such as enquiries, advices and instructions.

CABS is not obliged to do anything other than what is contained in the procedures to establish the authority or identity of the person sending an instruction. CABS is not responsible for errors or omissions made by the Customer of the duplication of any instruction by the Customer and may act on any instruction by reference to an account number only, even if an account name is provided. CABS may act on an instruction if it reasonably believes it contains sufficient information.

CABS may decide not to act on an instruction where it reasonably doubts its contents, authorization, origination or compliance with the procedures and will promptly notify the Customer (by telephone if appropriate) of its decision.

If the Customer informs CABS that it wishes to recall, cancel or amend an instruction, CABS will use its reasonable efforts to comply.

If CABS acts on my instruction sent by any means requiring manual intervention (such as telephone, telex, electronic mail or disks sent by messenger) then, if CABS complies with the procedures, the Customer will be responsible for any loss CABS may incur in connection with that instruction.

**5. INTEREST FEES AND OTHER CHARGES**

You will be liable for the payment of interest charges at the rate fixed by CABS from time to time for any outstanding debit on your account. Your account may also be debited for the CABS's usual banking charges, interest, commission etc. Unless otherwise agreed, CABS may modify at any time the rate of interest, fees, or other amounts applicable to any account or service (but subject to any legal requirement as to notice).

**6. FORCE MAJEURE**

Neither the Customer nor CABS will be responsible for any failure to perform any of its obligations with the respect to any account if such performance would result in it being in breach of any law, regulation or other requirement of any government or other authority in accordance with which it is required to act or if its performance is prevented, hindered or delayed by a Force Majeure Event; in such case its obligations will be suspended, for so long as the force Majeure Event continues (and, in the case of CABS, no other representative office or affiliate shall become liable). "Force Majeure Event" means any event due to any cause beyond the reasonable control of the relevant party,

office or affiliate shall become liable). "Force Majeure Event" means any event due to any cause beyond the reasonable control of the relevant party, such as restrictions on convertibility or transferability, requisition, involuntary transfers, unavailability of any system, sabotage, fire, flood, explosion, acts of God, civil commotion, strikes or industrial action of any kind, riots, insurrection, war or acts of government.

**7. SHARING INFORMATION**

CABS will treat information relating to the Customer as confidential, but the Customer consents to the transfer and disclosure by CABS of any information relating to the Customer to and between the representative offices, affiliates and agents of CABS and third parties selected by any of them, whenever situated, for confidential use (including in connection with the provision of any service and for data processing, statistical and risk analysis purposes). CABS and any representative office, affiliate, agent or third party may transfer and disclose any such information as required by any law, court, regulator or legal process.

**8. ELECTRONIC MONITORING OR RECORDING**

The Customer and CABS consent to telephone or electronic monitoring or recording for security and quality of service purposes and agree that either may produce telephonic recording, computer records or CCTV footage as evidence in any proceedings brought in connection with these conditions.

**9. CHANGE OF MANDATE**

The customer must notify the CABS immediately of any change in the address, directors, committee members, trustees, designated members, secretaries etc. Any modification of change in authorized signatories must be signed in accordance with the existing mandate and accompanied by a resolution to that effect.

**10. TERMINATION**

Either party may terminate this agreement at any time (but subject to any legal requirements as to notice) by notifying the other writing.

On closure of an account, the termination becomes effective after any cheque drawn on the account or outstanding on it have been paid; all debit cards and internet banking tokens issued to you have been sent back to the CABS; and all information and equipment's supplied by CABS have been returned to the CABS.

Where the CABS is terminating the agreement and your account is overdrawn, you must pay all sums outstanding on the account otherwise the CABS may take appropriate legal action for recovery.

**11. JURISDICTION**

In relation to any account, these conditions are governed by the laws of Zimbabwe.

**12. DISCLAIMER CLAUSE**

a) The CABS disclaims liability for any funds/ assets deposited by you which are subsequently found to have derived from illegal source or activities.

b) **Customer agrees to provide the Bank with all such information and/or assistance as may be necessary (including, where relevant, the provision of identification documents) to enable the CABS to comply with its obligations under all applicable laws, rules and regulations for anti-money laundering (AML) and countering of terrorism financing purposes.**

c) You confirm that the funds / assets deposited are not derived from any illegal source or activities.

**13. DEBIT CARD/INTERNET BANKING USAGE**

a) Debit card/Internet banking usage shall be subject to the rules of CABS as governs deposits and withdrawals.

b) Debit card/Internet banking token shall remain the property of CABS and shall be returned to CABS immediately in the event of cancellation.

**14. ACCOUNT- HOLDER LIABILITY ON DEBIT CARD & INTERNET BANKING USAGE**

a) CABS shall be entitled to automatically debit any account maintained by the account holder in respect of all transactions initiated or effected by the account holder or any authorized persons.

b) CABS shall not be liable for any loss or delay where the contents of the customer's instruction are inaccurate or incomplete.

c) It is the customer's responsibility to set up, maintain and regularly review security arrangements concerning access to, and use of, the internet service and information stored on the device being used to access CABS Internet Banking Service.

d) The customer acknowledges that information transmitted through internet or any other communication system which includes wireless communication is susceptible to unlawful access, distortion and monitoring and that the customer uses the internet banking at their risk.

**15. JOINT ACCOUNTS ON DEBIT CARD & INTERNET BANKING USAGE**

a) Where an account is held in the name of more than one person, separate cards/Internet banking tokens shall be issued on the account and both holders shall be subject to the terms and conditions of use with the capacity to deal with the account as if it were his or her own. Each holder shall be jointly and severally liable for the payment of all indebtedness arising from the use of the card/Internet banking, as if such account were his or her own.

**16. INDEMNITY ON DEBIT CARD & INTERNET BANKING USAGE**

a) CABS shall not be held liable for any loss or damage, direct or indirect, actual or contingent, arising out of the failure or malfunction of any machine, including any ATM, MFT, LFT, or EFT-POS Terminal, internet banking tokens, or internet connectivity whether or not such machine was on-line or offline.

b) Neither shall it be held liable for the failure or malfunction, loss or destruction of any data recorded or retained by means of computer, any delay in effecting any transaction initiated by means of card/Internet banking, the failure is communicated by CABS to the account-holder. It shall be the sole responsibility of the Internet Banking customer to ensure that his / her computer device is secure and internet browser is optimal for such services

c) Unless otherwise proved on a balance of probabilities, any disclosure or discovery of the debit card /Internet banking PIN by third party shall be deemed to have been voluntarily made or made with the consent of the account-holder and the onus of proof to the contrary shall be on the account holder.

d) Customer indemnifies CABS against any expenses, costs, liabilities, damages or losses (including direct or consequential losses, interest, penalties, legal or other professional costs and expenses) suffered or incurred by the account holder arising from misuse or abuse of the Debit Card/Internet banking by unauthorised cardholder.

**17. CANCELLATION OF INTERNET BANKING FACILITY**

a) You are obliged to advise CABS in writing if you no longer wish to use the CABS Internet Banking facility. Notification (if oral shall be followed up immediately with written notification) should be sent to CABS when the Internet Banking Customer suspects that his / her credentials have been compromised. All transactions processed before the notification by the customer shall be deemed to have been made by the customer.

**18. SUSPENSION/TERMINATION OF DEBIT CARD USAGE/INTERNET BANKING SERVICE**

b) In order to protect CABS and the customer, CABS shall be entitled to immediately suspend or withdraw all or some of the Debit Card/Internet services, if the service is being used in contrary to the Terms and Conditions of this agreement and also if CABS has reasonable grounds to believe that the internet service/Debit card is being used wrongfully and unlawfully.

**19. SMS ALERTS & E-STATEMENT SERVICES**

a) Upon registration of service CABS will take due care to make the service available in line with details specified by customer at all times. In the likely event of any reasons which are beyond CABS's control, including but not limited to any technical difficulty, which results in outage of services and or loss of any transmission, of messages, then CABS shall be absolved from liability.

b) Customer indemnify CABS against all actions, claims demands, liabilities, losses, damages, costs and expenses of whatever nature that are beyond CABS control and that may result due to CABS providing service.

c) Customer agrees that CABS will not be liable for lost profits or any special, incidental or consequential damages arising from or in connection with the use of our service. Further, the customer agree that CABS will not be liable for any technical, hardware or software failure of any kind, any interruption in the availability of service, any delay in operation or transmission, any incomplete or illegible transmission, computer virus, loss of data, or other similar loss.

c) Customer has the right to terminate the service at any time by contracting the nearest branch.

d) CABS may amend/change the service at any time after notice or authorisation as and when required by law. If no notice or authorisation is required by law, your continued acceptance of service after effective date of such change will constitute your acceptance of and agreement with such amendment(s). CABS may terminate the service, refuse or revoke access to service at any time on notice, including but not limited to an event where CABS or you close the transactional account

undertake to provide all documents requested by the CABS and to update all records in the event of change of any personal details. I/ We acknowledge that my attention has been drawn to the terms and conditions contained herein and undertake to abide by these in the CABS's right to summarily close the account/ terminate the related service if it is not conducted satisfactorily.

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

**DECLARATION**

I/We certify that all information given on this application and in support thereof is true and correct, and I/ We understand that should the information prove to be incorrect the CABS reserves the right to decline the application or discontinue the relationship. I/ we

Signature (1)..... Signature (2).....

Date .....

**CABS FUNERAL BENEFIT PLAN**

**Would you like a CABS Funeral Plan for yourself?** YES  NO  If yes, please tick the appropriate premium from the table below. This will authorise CABS to automatically deduct the premiums from your account each month.

Please tick appropriate premium below and complete all sections in full.

Sum Assured	\$500	Tick	\$1,000	Tick	\$2,000	Tick	\$5,000	Tick
Monthly premium for adults to age 65 years	\$3.00		\$4.00		\$7.00		\$16.00	
Monthly premium for adults 66 and above	\$5.00		\$10.00		\$17.00		-	-

Beneficiary for proceeds :- Full Names \_\_\_\_\_ ID Number \_\_\_\_\_

DOB       Phone / Cell number \_\_\_\_\_ Email address \_\_\_\_\_

\* After 10 years of paying premiums, and provided that all premiums have been paid, the policy becomes PAID UP meaning that the premiums cease BUT the funeral cover remains for life

**NB: All benefits under this policy have a waiting period of THREE months unless death is due to an accident as defined below. For members aged between 66 and 75 years at entry, the waiting period is SIX months.**

I/We hereby declare that I/We have read and understood the terms and conditions of the CABS Funeral Benefits Plan shown below.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Would you like someone to contact you about any of our **Life, Pension, Funeral, Short Term, Textacash, Unit Trusts, or any other CABS product or Investment solution?** YES  NO

**TERMS AND CONDITIONS FOR CABS FUNERAL BENEFIT PLAN ONLY**

**1 Product Overview**

The CABS Funeral Plan offers you an affordable and flexible means of providing funds to meet funeral expenses in the event of your death. Funeral cover is provided for life and the benefit can be purchased by monthly premiums payable for 10 years. You can get cover up to a maximum of USD 5,000. The maximum cover applies to the total cover that can be provided by the underwriter for all your funeral policies. Your cover starts on the first day of the month following the first premium payment.

**2 Benefits**

All benefits under this policy have a waiting period of THREE months unless death is due to an accident as defined on the 1st page. If you are aged between 66 years and 75 years at the time of purchasing the policy, the waiting period is SIX months. Accidental death shall be covered immediately after the payment of the first premium.

Accidental death shall mean death caused directly and independently of all other causes, by bodily injury resulting solely from external, violent and unintentional means and was not directly or indirectly attributable to or accelerated by any of the causes as stated below.

No benefit will be payable if death occurs as a result of:

- Nuclear activity or radioactivity
- Willful exposure to danger by the life assured except in an attempt to save human life
- War, enemy hostilities, commotion, insurrection, revolution, military seizure of power or the usurping of power or any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force of the government de jure or de facto or to the influencing of terrorism or violence

**3 Premium Commitment**

One premium is due on the first of each calendar month. 30 days grace is allowed for payment of premium during which full cover will be available. If the premium is not paid within the grace period, the policy shall enter a reinstatement period.

**3.1 Reinstatement period**

- a. The reinstatement period is 3 months and you will not be covered during this time
- b. If a premium is received during reinstatement, the policy is revived and cover is restored immediately.
- c. If no premium is received by the end of the reinstatement period, the policy lapses
- d. There will be a maximum of 3 reinstatement periods.
- e. Premiums missed during the reinstatement period will not need to be repaid.

**Claims**

To make a claim your beneficiary need to produce

- A completed claim form
- Original burial order, death certificate or certificate of cause of death
- I.D. of beneficiary
- Police report in the case of an accident
- Unless the Underwriter receives written notification within forty five days of death resulting in a claim being made against this policy, the Underwriter shall in no case whatsoever be liable to pay any benefit. The beneficiary shall duly complete such forms and give such additional details and assistance and furnish such proof in relation to claims as the Underwriter at its discretion may require.

**Assignment**

This policy shall not be capable of being ceded or transferred under any circumstances whatsoever.

**The Funeral Plan is underwritten by Old Mutual Life Assurance Company Zimbabwe Limited**

**FOR OFFICE USE ONLY**

Account Opened by _____ Print Name	Signature _____	Authorised By _____ Print Name	Signature _____
Checked By _____	Signature _____		
FCB Check _____	Signature _____		
Override Reason _____			
Approved/Declined By _____		Date _____	
Customer Record Amended By _____	Date _____	Signature _____	
Authorised By _____	Date _____	Signature _____	
Mandate / Signature Card Uploaded By _____	Date _____	Signature _____	
Debit Card Issued By _____	Date _____	Signature _____	
Signature Card upload verified By _____	Date _____	Signature _____	
Verified & Authorised By _____	Date _____	Signature _____	
Sybrin Upload By _____	Date _____	Signature _____	
Customer risk rating _____			
KYC Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>		Auto Next KYC Review Date _____	