CABS
A MEMBER OF THE OLDMUTUAL GROUP

APPLICATION TO ACTIVATE A DORMANT ACCOUNT

PLEASE COMPLETE ALL SECTIONS LEGIBLY & IN BLOCK CAPITALS

ACCOUNT NO: | | | | | | | | | | |

APPLICANT'S DETAILS

ACCOUNT NAME _____

POSTAL ADDRESS _____

PHYSICAL ADDRESS: _____

PHONE No. _____ CELL No. _____

FAX No. _____ EMAIL: _____

TYPE OF ACCOUNT

Individual ☐ Company / Partnership ☐ Association / Club / Society ☐ Joint ☐ Other ☐ _____ *[Specify]*

Details of Signatories *(If not individual account)*

	Full Name(s)	I.D. Numbers	Date of Birth	Designation(s)	Signatures
Signatory (1)					
Signatory (2)					
Signatory (3)					
Signatory (4)					

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 bank reserves the right to decline the application or discontinue the relationship. I/We undertake to provide all documents requested by the society, and to update all records in the event of change of any personal details.

PRIVACY NOTICE

CABS would like to offer you ongoing banking services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. CABS will also share your information with the other companies within the Old Mutual Group for purposes of offering you with other financial services within the Group.

We may use your information or obtain information about you for the following purposes:

- Credit searches and/or verification of personal information
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us.

These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors, update or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to our regulator, the Reserve Bank of Zimbabwe, whose contact details are:

https://www.rbz.co.zw/
Toll Free Numbers
0800 6009 - Telone landlines only
0808 6770 - Econet lines only
Or +263 242 703000
email: info@rbz.co.zw

To view our full Privacy Notice and to exercise your preferences, please visit our website on www.cabs.co.zw

Signature: ..... Signature: .....

Signature: ..... Signature: .....

FOR FRONT OFFICE USE ONLY

Customer Details and Signature verified by: ....
Print Name Signature

Date: .....

BACK OFFICE OPERATIONS USE ONLY

TEAM LEADER

BACK OFFICE OPERATIONS

STAMP