

APPLICATION TO OPEN NOSTRO FCA ACCOUNT

JOINT

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 (Specify)

ACCOUNT TYPE: NOSTRO FCA EXPORTS ☐ INDIVIDUAL NOSTRO FCA ☐ NON RESIDENT NOSTRO FCA ☐

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)

Establishment 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: Do you have any accounts with another bank?

Bank 1 Name: Acc. Name: Acc. Number:

Bank 2 Name: Acc. Name: Acc. Number:

Bank 3 Name: Acc. Name: Acc. Number:

ACCOUNT NO: **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 DRIVER'S LICENCE NUMBER EXPIRY DATE 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**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 BANKINGWould 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**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)

Beneficiary for proceeds :- Full Names _____ ID Number _____

DOB

d	d	m	m	y	y
---	---	---	---	---	---

 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.

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

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 (1) _____ Signature (2) _____ Date _____

FOR OFFICE USE ONLY

Account Opened by _____	Print Name _____	Signature _____	Authorised By _____	Print Name _____	Signature _____
Checked By _____	Signature _____		Signature _____		
FCB Check _____	Signature _____		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 ☐ No ☐	Auto Next KYC Review Date _____				