GENERAL POWER OF ATTORNEY

CABS
A MEMBER OF THE OLDMUTUAL GROUP

CUSTOMER'S T24 ID: ACCOUNT NUMBER:

CUSTOMER NAME

I, the undersigned Mr/Mrs/Miss

Do hereby nominate,constitute and appoint Mr/Mrs/Miss

of

With power of substitution to be my lawful Attorney and Agent, in my name, place and stead, on my behalf and as my act and deed to transact or operate on the above account and any other account that may be opened to replace, mirror or supplement the above account, to open any type of transactional or investments account in my name at CENTRAL AFRICA BUILDING SOCIETY, to operate such opened account/s or any existing account/s in my name at CENTRAL AFRICA BUILDING SOCIETY in any manner, to deposit or withdraw monies on my behalf, to deal with any of my deposits, to receive interest thereon, to borrow money against the security of all my deposits to transfer or pledge any of my deposits, to renounce any legal benefits and generally to exercise all my rights and obligations in connection with the deposits and or savings or other investment, accounts to sign and execute all such orders, deeds and documents as shall be necessary or required, and generally for effecting the purposes aforesaid, to do or cause to be done, whatsoever shall be requisite as fully and effectually, for all intents and purposes as I might or could do, if personally present and acting herein, hereby ratifying allowing and confirming and promising and agreeing to ratify, allow and confirm, all and whatsoever may said Attorney and Agent shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney shall remain in force until written notice withdrawing same shall have been received by the Society. Given under my hand, at this Day of in the presence of the undersigned witnesses.

NAME OF ACCOUNT HOLDER:

DATE OF BIRTH:

ADDRESS:

NATIONAL ID:

OCCUPATION:

TEL No. / MOBILE No.:

SIGNATURE SPECIMEN:

WITNESSES:

1. I.D. NUMBER

2. I.D. NUMBER

(If the signatory of this power is a minor, the assistance of the minor's guardian is required below.)

GUARDIAN: NAME I.D. NUMBER

SIGNATURE

DETAILS OF PERSON IN WHOSE FAVOUR THIS POWER IS GRANTED

NAME:

DATE OF BIRTH:

ADDRESS:

NATIONAL ID:

OCCUPATION:

TEL No. / MOBILE No.:

SIGNATURE SPECIMEN:

WITNESSES:

1. I.D. NUMBER

2. I.D. NUMBER

FOR BANK OFFICE USE ONLY

CUSTOMER SALES CONSULTANT/TELLER SIGNATURE

DATE

BRANCH/OPERATIONS MANAGER SIGNATURE

DATE