MANDATE CARD

CORPORATE, PARTNERSHIP AND ASSOCIATION ACCOUNTS

CABS

A Member of the OLDMUTUAL Group

CUSTOMER'S T24 ID: ACCOUNT NO: BRANCH

DEBIT CARD NUMBER:

ACCOUNT TYPE: ☐ TRANSACTIONAL ACCOUNT ☐ SAVINGS ACCOUNT

ACCOUNT CATEGORY: ☐ COMPANY ☐ PARTNERSHIP ☐ REGISTERED ASSOCIATION

☐ OTHER (PLEASE SPECIFY)

ACCOUNT NAME:

NAME OF SIGNATORY:

DATE OF BIRTH:

ADDRESS:

NATIONAL ID:

OCCUPATION:

TEL No. / MOBILE No.:

PASSPORT SIZE PHOTO

SIGNATURE SPECIMEN:

NAME OF SIGNATORY:

DATE OF BIRTH:

ADDRESS:

NATIONAL ID:

OCCUPATION:

TEL No. / MOBILE No.:

PASSPORT SIZE PHOTO

SIGNATURE SPECIMEN:

AUTHORISED COMBINATION:

PLEASE TICK AS APPROPRIATE:

LETTER OF INDEMNITY FOR INSTRUCTIONS BY THIRD PARTY, FAXES AND EMAILS IN PLACE? ☐ **YES** ☐ **NO**

FOR BANK OFFICE USE ONLY

CUSTOMER SALES CONSULTANT **SIGNATURE**

RELATIONSHIP MANAGER **SIGNATURE**

APPROVAL

OPERATIONS MANAGER **SIGNATURE**