CABS

A Member of the OLDMUTUAL Group

Textacash Debit Card Application

IMPORTANT

RETURN COMPLETED FORM AS SOON AS POSSIBLE TO: CABS MOBILE BANKING TEAM, CABS HEAD OFFICE, NORTHRIDGE PARK, HARARE

FOR CABS BRANCH OFFICIAL USE ONLY/AGENT OFFICIAL USE ONLY

Textacash Banking Card Number Issued 5 8 8 8 9 2 3 0 0

PLEASE PRINT CLEARLY

PERSONAL DETAILS

Title (e.g. Mr /Mrs./Prof/Dr): Surname:

First Name(s): Maiden Name:

If Name has been changed - Date of Name Change: d d m m y y y y

Reason for Name Change:

Date of Birth: d d m m y y y y Country of Birth: Place of Birth:

Gender: Male Female Marital status: Single Married Divorced Widowed

Country of Residence: Nationality:

National ID No:

Do you have an existing account with CABS? *(If yes, please specify account number)*: No Yes

CONTACT DETAILS:

Physical Address:

Telephone: Bus Res: Mobile: Fax:

Email:

EMPLOYMENT DETAILS

Occupation:

Employment Status (please tick): Permanent Casual Contract Temporary

Employer's Name:

Nature of Employer's Business (*Please tick*): Manufacturing Mining Construction Transport

Farming Financial Services Retail Other (please specify):

Employer's Physical Address:

Expected type of activity on account (tick appropriate boxes):

Salary Transfers Cash deposits/withdrawals Other

Date of Employment: d d m m y y y y Salary Date: d d m m y y y y

Gross Monthly Income: Other source of income:

Total Other Income Amount:

SPOUSE/PARTNER/NEXT OF KIN

Full Name:

Telephone: Bus: Res: Mobile:

Email:

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

I will select a four-digit PIN (Personal Identification Number) which I promise not to disclose to any person, not even a CABS Agent or CABS staff member. (Do not write your PIN on the card or keep it with the card.) Please tick

Customer's Signature Date d d m m y y y y

(If under 16 to be signed by Parent/Guardian)

Parent/Guardian Name Signature

ID Document/Number of Parent/Guardian:

Type of ID: *(Indicate National ID or Passport or Driver's Licence)*

BRANCH/AGENT OFFICIAL USE ONLY

IMPORTANT:
ORIGINAL IDENTIFICATION DOCUMENT CHECKED BY (copy to be attached)

Agent/Branch _____ Site Number ☐☐☐☐

Name _____

Position _____

Signature _____ Date d d m m y y y y

Form and proof of Identity Received By _____ Date d d m m y y y y

BACK OFFICE SECTION

Form and proof of Identity Checked By _____ Date _____

ID Checked By _____ Date _____

Approved/Declined By _____ Date _____

Sybrin Upload By _____ Date _____ Signature _____

Customer risk rating
Category 1. (High) _____ Category 2. (Low) _____

KYC Complete: Yes ☐ No ☐

Auto Next KYC Review Date (5 years from date of account activation)