

**APPLICATION TO OPEN TREASURY TRADING ACCOUNT – NON INDIVIDUAL**

**Treasury Clients**

Account Type:  Trading Account  CFC Currency for CFC \_\_\_\_\_ CCN No \_\_\_\_\_

Detail of primary use for CFC account \_\_\_\_\_

Entity Name \_\_\_\_\_ (“the Client”)

Registration Number \_\_\_\_\_

Business Address  
*(full address must be provided including street name and number)*

Area Code: \_\_\_\_\_

Postal Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

VAT No. \_\_\_\_\_ Tax Ref No. \_\_\_\_\_

Cell No. \_\_\_\_\_ Tel No. \_\_\_\_\_ E Mail \_\_\_\_\_

Nature of business *(full description of exactly what will be traded)* \_\_\_\_\_

Average turnover per month: R \_\_\_\_\_ Cash % of Turnover: \_\_\_\_\_ %

Source of funds relating to business \_\_\_\_\_

Complete section below

a) Mandatory b) if a Company c) if Applicable

**a) The following person/s is/are the CEO or the Managing Director (or similar designation) of the Company or Member/s of Close Corporation (whichever applicable)**

Full Name \_\_\_\_\_

ID Number \_\_\_\_\_ Nationality \_\_\_\_\_ Contact No \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_

ID Number \_\_\_\_\_ Nationality \_\_\_\_\_ Contact No \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_

ID Number \_\_\_\_\_ Nationality \_\_\_\_\_ Contact No \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_

ID Number \_\_\_\_\_ Nationality \_\_\_\_\_ Contact No \_\_\_\_\_

Address \_\_\_\_\_

**b) Individual/Non Individual holding 25% or more of the Company’s voting rights at AGM (Share Holder):**

Full Name \_\_\_\_\_

ID/ Reg Number \_\_\_\_\_ Nationality \_\_\_\_\_ Contact No \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_

ID/ Reg Number \_\_\_\_\_ Nationality \_\_\_\_\_ Contact No \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_

ID/ Reg Number \_\_\_\_\_ Nationality \_\_\_\_\_ Contact No \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Initial/s

**c) Authorised Signatories as per latest resolution** (only required to be completed if detail not provided in sections a or b)

Full Name	_____		
ID Number	_____	Nationality	_____
Contact No	_____		
Address	_____		
Full Name	_____		
ID Number	_____	Nationality	_____
Contact No	_____		
Address	_____		
Full Name	_____		
ID Number	_____	Nationality	_____
Contact No	_____		
Address	_____		

**Acknowledgement**

I/we confirm that the above information is true and correct. I/we have acquainted myself/ourselves with the Treasury Foreign Exchange Terms and Conditions and I/we herewith agree and accept these Terms and Conditions.

I/we am/are aware and accept that:

1. While acting in good faith and exercising reasonable care, the Bank will not accept responsibility for ensuring that the client has lawful title to cheques and bills of exchange deposited into the account.
2. Funds can be withdrawn on demand.
3. Credit balances on the account may earn interest at a rate determined by the Bank from time to time.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
For / on Behalf of the Client

**CLIENT Signing Arrangement**

**NOTE: Client signing arrangement must correspond with the latest Resolution on record.**

I/we give hereunder the signing authorities in force as from the date the account is opened, until further notice in writing:

Full Name / Entity Name

CLIENT Signatories Full Names	Capacity	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All documents must be signed by\*

**Note:** Documents may also be signed by designated Intermediary signatory/ies, provided appropriate mandate is on record

\* Do not insert names. Insert official designations e.g. chairman, treasurer, secretary, one/two director/s – committee member

**Office Use Only**

Client No.: \_\_\_\_\_ Branch: \_\_\_\_\_ Acc No: \_\_\_\_\_ Date: \_\_\_\_\_