

APPLICATION TO OPEN TREASURY TRADING ACCOUNT- INDIVIDUAL

Treasury Clients

Account Type: (tick relevant acc type) Trading Account Resident Non Resident Emigrant blocked acc

FCA Currency:for FCA Account _____

If FCA Account provide details of utilisation of account _____

Full Name _____ ("the Client")

Title _____ Gender _____ Race _____ Tax Ref No _____

ID / Passport No. _____ Nationality _____ Issue Date _____

Expiry date of Passport (if applicable) _____ Work Permit No (if applicable) _____ Work Permit expiry date (if applicable) _____

Issue Country _____ Place of Birth _____

Residential Address (full address must be provided including street name and number) _____

Area Code: _____

Postal Address: _____

Postal Code: _____

Cell No. _____ Tel No. _____ E Mail _____

Occupation _____ Designation: _____

Employer nature of business (full description): _____

Average income per month: (tick relevant block) <R10k <R20k <R50k <R100k >R100k

Source of funds from sources other than employer _____

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 Funds can be withdrawn on demand.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.

Customer Signature _____ Date _____

CLIENT Signing Arrangement

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

Full 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. Account Holder, Power of Attorney, Intermediary.

Office Use Only

Client No.: _____ Branch: _____ Acc No: _____ Date: _____