

# Individual Account Application Form

New customer	<input type="checkbox"/>	Existing customer	<input type="checkbox"/>	Customer number	<input type="text"/>	
First name(s)	<input type="text"/>				Title	<input type="text"/>
Surname	<input type="text"/>	ID number	<input type="text"/>			
Physical address	<input type="text"/>					
Postal address	<input type="text"/>	Postal code	<input type="text"/>			
Phone number	W <input type="text"/>	Home	<input type="text"/>	Cell	<input type="text"/>	
Email address	<input type="text"/>					
Nationality	<input type="text"/>	Country of birth	<input type="text"/>			
Gross monthly income	<input type="checkbox"/> 0 - 5 000	<input type="checkbox"/> 5 001 - 10 000	<input type="checkbox"/> 10 001 - 20 000	<input type="checkbox"/> >20 001		
Preferred communication method	<input type="checkbox"/> Post	<input type="checkbox"/> Email	<input type="checkbox"/> Internet banking required			
Occupation	<input type="text"/>					
Employer name	<input type="text"/>					
Employer physical address	<input type="text"/>	Postal Code	<input type="text"/>			
Account required	<input type="checkbox"/> 7-Day Call Account	<input type="checkbox"/> Investment Call Account				
	<input type="checkbox"/> Notice Account	<input type="checkbox"/> 41 days	<input type="checkbox"/> 61 days	<input type="checkbox"/> 91 days	<input type="checkbox"/> 121 days	
		<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 12 months		
	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Months (1-12)	<input type="checkbox"/> Over 55 *12 months only			
	<input type="checkbox"/> Foreign Currency Account					

Interest payment method (select one)

☐ Interest to be paid monthly into your account (capitalised)

☐ Interest to be paid monthly into another bank account

Bank name  Branch code

Account number  Account holder

☐ Interest to be accrued and paid at the end of term (Fixed Deposits)

Do you consent to receiving marketing and product information from Bidvest Bank:

Yes ☐ SMS ☐ Post ☐ Email ☐ No ☐

☐ I confirm that I have not signed the electronic waiver acceptance

I confirm that where this form is signed in a representative capacity, I have the necessary authority to do so, and that the right and title to this deposit account is not transferable. I confirm that I have received and read the disclosure and legal information provided by the Bank in terms of the Financial Advisory and Intermediary Services (FAIS) Act and that I have read the terms and conditions.

Customer/  
Legal guardian signature

Date

Monthly interest rate

Tiered interest rate

Client initial rate acknowledgement \_\_\_\_\_

For official use only

I \_\_\_\_\_ from \_\_\_\_\_ Branch confirm that the above application is complete

and correct and confirm that the following documentation has been given to the customer.

☐ FAIS ☐ Rate sheet ☐ Electronic waiver

Name of consultant \_\_\_\_\_

☐ Terms ☐ Internet banking info

Signature of consultant \_\_\_\_\_