

ATM CARD - APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND RETURN TO ONE OF OUR ACCOUNT OPENING OFFICER AT YOUR LOCAL BRANCH
PLEASE ISSUE AN ATM CARD TO THE APPLICANT(S) BELOW.

PERSONAL DETAILS

1st card	<input type="text"/>															
Holders Name:	Surname					Other names					BLOCK CAPITALS					
Address	<input type="text"/>															
	<input type="text"/>					Telephone	<input type="text"/>									

2nd card	<input type="text"/>															
Holders Name:	Surname					Other names					BLOCK CAPITALS					
Address	<input type="text"/>															
	<input type="text"/>					Telephone	<input type="text"/>									

Primary Account Details

Branch No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please indicate which accounts you want to access using this card

Branch No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: One ATM card can be connected to more than one account only if all accounts belong to the same person.

I/We* confirm that the information given is true and
I/We* authorise you to make any enquiries you may deem necessary in connection with this application.
I/We* accept and agree to be bound by the equity card conditions of use as stipulated overleaf.

**Delete as appropriate*

Customer Signature (in the case of joint accounts - all parties must sign)

1)	<input type="text"/>	Date	<input type="text"/>
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2)	<input type="text"/>	Date	<input type="text"/>
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Approved by (Supervisor's signature)	<input type="text"/>	Date	<input type="text"/>
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Branch Stamp

FOR OFFICIAL USE ONLY (CARD CENTRE USE ONLY)

Card serial number

Input by

Batch Proofed by:

Date card forwarded to branch