

Signature Card - Individual

(Please complete in block letters in black ink and tick applicable block)

D D M M Y Y



AFRICAN
CENTURY

BRANCH _____	ACCOUNT NO.
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TYPE OF CURRENCY USD <input type="checkbox"/> ZAR <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> BWP <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="text" value="specify"/>	TYPE OF ACCOUNT Savings <input type="checkbox"/> Term <input type="checkbox"/> Other <input type="checkbox"/> <input type="text" value="specify"/>
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PERSONAL PARTICULARS

FULL NAMES (Mr/Mrs/Ms/Dr/Prof/Other) _____

TELEPHONE No.(s) HOME _____ BUSINESS _____ CELL _____

EMAIL _____ DATE _____ NATIONALITY _____

PASSPORT NO. _____ ID No. _____ DRIVER'S LICENCE _____

GENDER MALE FEMALE

FOR OFFICE USE ONLY

SIGNATURE ADMITTED BY

DATE D D M M Y Y

SPECIMEN SIGNATURES TO BE SIGNED IN BLACK INK

A

A large rectangular box with a thin brown border, intended for a signature.

PRINT NAME

C

A large rectangular box with a thin brown border, intended for a signature.

PRINT NAME

B

A large rectangular box with a thin brown border, intended for a signature.

PRINT NAME

D

A large rectangular box with a thin brown border, intended for a signature.

PRINT NAME

SIGNATURE INSTRUCTIONS _____
