Rand Card
Application Form

First name(s) Title

Surname Date of birth D D M M Y Y Y Y

Passport number

Physical address

Postal code

Work tel Home tel Cellphone

Email address

☐ Transaction notification method ☐ SMS ☐ Email ☐ None

Security Questions:

City of birth

Mother's maiden name

Power of attorney

First name(s) Title

Surname ID number

Physical address

Postal code

I hereby authorise the above person to reload funds on the card on my behalf. I acknowledge that the Bank accepts such instruction on condition that the Bank will not be liable for any loss (financial or otherwise), damage or delay, sustained by me as a result of the Bank providing this service except if the loss (financial or otherwise), damage or delay is directly due to the negligence or default of the Bank's officers or employees. The Bank will not be liable for any exchange rate loss, however caused, on conversion of any funds received. Furthermore I confirm that I understand it is my responsibility to comply with all SARB Exchange Control Rulings.

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

☐ **Yes, via SMS only** ☐ **Yes, via Post only** ☐ **No**

☐ **Yes, via Email only** ☐ **Yes, via Phone only**

☐ **I have read, understood and agree to the Rand Card terms.**

Client signature

Date D D M M Y Y Y Y

For official use only

Signature of Bank official

FICA and Passport confirmed ☐

Name of branch