

World Currency Card™ Application Form



Fill out corporate or individual sections where applicable

Section A

Corporate – Complete sections A, B, C, D, E, F, G

Company name

Section B

Individual – Complete sections B, C, D, E, F

First name(s) Initials Title

Surname

SA identity number Gender M F

Passport number Passport expiry date

Physical address

Postal code

Postal address

Postal code

Province Gauteng Eastern Cape KwaZulu-Natal Northern Cape Mpumalanga Western Cape Free State

Limpopo North West

Home number Work number

Cellphone number Fax number

Email address

Voyager number

Section C

Currency required

USD EUR GBP AUD ILS MUR CNY AED BRL ARS CAD THB JPY
 NZD CHF SAR INR

Section D

Reload power of attorney

First name(s) Initials Title

Surname

SA identity number Gender M F

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Physical address

 Postal code

Province Gauteng Eastern Cape KwaZulu-Natal Northern Cape Mpumalanga Western Cape Free State
 Limpopo North West

Section E

I hereby authorise the above applicant to reload funds on my behalf. I acknowledge that the Bank agrees to such an 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.

A. I/We consent to the Bank carrying out identity, fraud prevention and other illegal activity checks and sharing information relating to this application through the South African Fraud Prevention Service and other organisations involved in criminal activities prevention.

Yes No

B. I/We consent to the bank processing and sharing our personal information as defined in the Protection of Personal Information Act, No 4 of 2013 with third parties whose services the bank utilises in its ordinary course of business.

Yes No

Do you consent to receiving marketing and product information from Bidvest Bank: Yes SMS Email No

I confirm that I have read and understood the terms and conditions and that all the information in this application is true and correct.

Section F

Cardholder signature Date
Legal guardian signature (if cardholder requires legal assistance) Date

Section G

Corporate authorised signatory Date
2nd Corporate authorised signatory Date

FOR OFFICIAL USE ONLY

Signature of Bank official FICA and ID confirmed
Name of branch