Bidvest Bank

Business Banking Account Application Form

☐ New customer ☐ Existing customer Customer number

NOTE: Please complete in BLOCK LETTERS. Tick (√) appropriate block(s)

Kind of legal entity
☐ Listed Company ☐ Unlisted Company ☐ Partnership
☐ Sole Proprietor ☐ (Pty) Ltd ☐ Close Corporation
☐ Foreign owned ☐ Trust/Estate ☐ Non-profit Organisation

Other _____

Section A - Entity Details

Full registered entity name

Trade name
(if different from legal name)

Branch or Division

Registration number / /

Physical address

Postal code

Postal address

Postal code

Income tax number

VAT number

Switchboard number Fax number

Other telephone number

Email addresses (Electronic communication)

Account statements 1
2
3

Account notifications 1
2
3

Proof of payments 1
(performed by Bidvest Bank on your behalf) 2
3

Website

Nature of business

Financial year-end

Auditors

Industry sector

Import/Export number

Expected monthly account turnover ☐ <R10 000 ☐ R10 001 - R50 000 ☐ R50 001 – R100 000 ☐ R100 001 - R500 000 ☐ R500 001 - R1 000 000 ☐ >R1 000 000

Source of funds ☐ Bonus ☐ Salary ☐ Capital/Savings/Investments ☐ Company profit ☐ Inheritance ☐ Gift ☐ Loan

Other _____

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Other Banking Details

Bank name

Branch name

Account number

Branch code

Type of account ☐ Cheque ☐ Savings ☐ Transmission

Name of account holder

Please provide details if the entity banks with more than one bank.

Section B - Marketing

Do you consent to receive marketing and product information from Bidvest Bank? ☐ Yes ☐ No

If you agree, we will communicate with you via the contact details provided in Section A and the method/s selected below. If any other number must be used, please specify below.

☐ Email ☐ SMS (Provide cellphone number)

Alternative contact number for marketing

Section C - Authorised Personnel & Ownership Details

1. For all entities

Details of CEO/COO or MD

Full name

Designation

SA identity no./Passport no./ Permit no.

Country of birth

Date of birth D D M M Y Y Y Y

Nationality

Residential address

Postal code

Direct telephone number

Fax number

Cellphone number

Email address

Signature

2. Authorised Signatories

Provide a full list of authorised signatories and a resolution authorising signatories to sign on behalf of the entity. For more authorised signatories, please provide additional details in the format shown below.

Authorised Signatory 1

Full name

Designation

SA identity no./Passport no./ Permit no.

Country of birth

Date of birth D D M M Y Y Y Y

Nationality

Residential address

Postal code

Business telephone number

Cellphone number

Email address

Bidvest Bank

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Tick (√) appropriate block(s)

Authorised to/as:

- ☐ Authority to Trade (FX offline and online)
- ☐ Primary Contact for statements, deal notifications and payment confirmations
- ☐ Authorised to transact as per the Board Resolution (attach a certified copy of identity document and proof of address)
- ☐ Authorised Business Administrator for internet banking (attach a certified copy of identity document and proof of address)
- ☐ Authorised Card Administrator to issue cards, change limits and provide card delivery instructions

Signature

Note: Only one Authorised Signatory may be authorised as the Business Administrator for internet banking and as the Card Administrator.

Authorised Signatory 2

Full name

Designation

SA identity no./Passport no./ Permit no.

Country of birth

Date of birth D D M M Y Y Y Y

Nationality

Residential address

Postal code

Business telephone number

Cellphone number

Email address

Tick (√) appropriate block(s)

Authorised to/as:

- ☐ Authority to Trade (FX offline and online)
- ☐ Primary Contact for statements, deal notifications and payment confirmations
- ☐ Authorised to transact as per the Board Resolution (attach a certified copy of identity document and proof of address)
- ☐ Authorised Business Administrator for internet banking (attach a certified copy of identity document and proof of address)
- ☐ Authorised Card Administrator to issue cards, change limits and provide card delivery instructions

Signature

Note: Only one Authorised Signatory may be authorised as the Business Administrator for internet banking and as the Card Administrator.

Authorised Signatory 3

Full name

Designation

SA identity no./Passport no./ Permit no.

Country of birth

Date of birth D D M M Y Y Y Y

Nationality

Residential address

Postal code

Business telephone number

Cellphone number

Email address

Business Banking Account Application Form

Tick (√) appropriate block(s)

Authorised to/as:

- ☐ Authority to Trade (FX offline and online)
- ☐ Primary Contact for statements, deal notifications and payment confirmations
- ☐ Authorised to transact as per the Board Resolution (attach a certified copy of identity document and proof of address)
- ☐ Authorised Business Administrator for internet banking (attach a certified copy of identity document and proof of address)
- ☐ Authorised Card Administrator to issue cards, change limits and provide card delivery instructions

Signature

Note: Only one Authorised Signatory may be authorised as the Business Administrator for internet banking and as the Card Administrator.

3. Personal and Ownership Details (All entity types)

Provide details of every person or legal entity/partnership/trust that controls 25% or more of the voting rights of the entity. If any owner is a US person or entity, details of shareholding of 10% or more must be provided. For foreign taxation purposes, if the controlling and beneficial owners are resident outside SA, please provide full details of such residency or citizenship and Tax Identification Number (TIN) or functional equivalent in each country as set out below, or indicate that a TIN/functional equivalent is unavailable.

Provide full details of any foreign company that owns 75% or more of the entity (or will stand to benefit in any way from 75% or more of the earnings, capital or assets of the entity) or offers any financial assistance or provides guarantees for local financial assistance to the entity.

Personal and Ownership Details 1

Full name/Company name/ Trust name

SA identity no./Passport no./ Permit no./Registration no.

Country of birth

Date of birth D D M M Y Y Y Y

Nationality

Dual citizenship ☐ Yes ☐ No Date of birth D D M M Y Y Y Y Do you have tax liability in another country? ☐ Yes ☐ No

Country of citizenship held other than SA

% owned

Physical address

Postal code

Foreign address

Postal code

Postal address

Postal code

Telephone number Cellphone number

TIN number

Tick (√) if you have provided the following documentation:

☐ FICA documents ☐ Corporate self-certification form - Only required for foreign owned entity

Personal and Ownership Details 2

Full name/Company name/ Trust name

SA identity no./Passport no./ Permit no./Registration no.

Country of birth

Date of birth D D M M Y Y Y Y

Nationality

Dual citizenship ☐ Yes ☐ No Date of birth D D M M Y Y Y Y Do you have tax liability in another country? ☐ Yes ☐ No

Country of citizenship held other than SA

% owned

Physical address

Postal code

Foreign address

Postal code

Postal address

Postal code

Telephone number Cellphone number

TIN number

Tick (√) if you have provided the following documentation:

☐ FICA documents ☐ Corporate self-certification form - Only required for foreign owned entity

Personal and Ownership Details 3

Full name/Company name/ Trust name

SA identity no./Passport no./ Permit no./Registration no.

Country of birth

Date of birth D D M M Y Y Y Y

Nationality

Dual citizenship ☐ Yes ☐ No Date of birth D D M M Y Y Y Y Do you have tax liability in another country? ☐ Yes ☐ No

Country of citizenship held other than SA

% owned

Physical address

Postal code

Foreign address

Postal code

Postal address

Postal code

Telephone number Cellphone number

TIN number

Tick (√) if you have provided the following documentation:

☐ FICA documents ☐ Corporate self-certification form - Only required for foreign owned entity

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Personal and Ownership Details 4

Full name/Company name/ Trust name

SA identity no./Passport no./ Permit no./Registration no.

Country of birth

Date of birth D D M M Y Y Y Y

Nationality

Dual citizenship ☐ Yes ☐ No Date of birth D D M M Y Y Y Y Do you have tax liability in another country? ☐ Yes ☐ No

Country of citizenship held other than SA

% owned

Physical address

Postal code

Foreign address

Postal code

Postal address

Postal code

Telephone number Cellphone number

TIN number

Tick (√) if you have provided the following documentation:

☐ FICA documents ☐ Corporate self-certification form - Only required for foreign owned entity

Use additional pages, if necessary, for additional owners.

Section D - Debit Order Authorisation

Authorisation to institute a debit order to pay amounts due to the Bank.
Particulars of the bank account to be debited.

Bank name Branch name

Account number Branch code

Type of account ☐ Cheque ☐ Savings ☐ Transmission

Name of account holder

Limit (R) Commencement date D D M M Y Y Y Y

A copy of a cancelled cheque or a letter from the bank confirming banking details must accompany the authorisation for a debit order. The amount and frequency of the debit order will be determined by the overdrawn balance in the settlement account.

Section E - Services Required

We wish to apply for the following services on the Bank's usual terms and conditions:

☐ General banking facilities ☐ Foreign exchange facilities

☐ Loans and advances ☐ Trade services

☐ Overdraft facility (with Business Account)

Bank account type

☐ Business Account ☐ Business Debit Card/s*

☐ Settlement Account ☐ Ceded Account

☐ Investment Call Account ☐ Corporate Payment Card with funding account

Fixed deposit Months (1-12) Notice account ☐ 41-day ☐ 61-day ☐ 91-day ☐ 121-day

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Expected monthly deposit amount: ☐ <R10 000 ☐ R10 001 - R50 000 ☐ R50 001 – R100 000 ☐ R100 001 - R500 000 ☐ R500 001 - R1 000 000 ☐ >R1 000 000

Payment method: ☐ Cash ☐ EFT ☐ Cheque

Customer foreign currency (CFC) account: ☐ USD ☐ EUR ☐ GBP ☐ AUD ☐ BWP ☐ CAD ☐ CHF ☐ CNY ☐ DKK ☐ HKD ☐ JPY ☐ MUR ☐ NOK ☐ NZD ☐ SEK ☐ SGD ☐ THB

*Business debit cards may be issued on the Business Account. If required, please complete the Business Debit Card application form

Section F - Delivery and Collection Service (If applicable)

The Bank will deliver foreign exchange to and collect from the authorised personnel at the address specified by the Client and acceptable to the Bank for security and other reasons.

The Client will provide the necessary FICA and SARB Exchange Control information and documentation and Bank receipts.

It is the Client's responsibility to notify the Bank in writing of any changes in the list of authorised personnel. The Client shall have no claim against the Bank for deliveries made to or collections made from personnel whose authority has been terminated by the Client in the absence of such written notice to the Bank. The Client shall remain liable to the Bank for payment for such deliveries.

Purchase of unused foreign exchange will be at the rate of exchange ruling at the close of business on the date of collection. Payment will be net of fees, commission and any counterfeit foreign bank notes shall be confiscated.

Name of authorised personnel

Signature

Name of authorised personnel

Signature

Name of authorised personnel

Signature

Section G - Electronic Communication Acknowledgement and Waiver

I/We understand that the Bank will accept telephone, fax and email instructions and documentation if I/we give the Bank the following acknowledgement, waiver and indemnity, which I/we hereby do.

I/We consent to recording of telephone conversations with the Bank and acknowledge that the contents of the telephone recording, fax or e-mail document shall be final and binding on me/the corporate customer.

I/We waive any claim I/the corporate customer may have against the Bank for any losses, damage or costs I/the corporate customer may suffer or incur as a result of the Bank acting upon a telephone, fax or e-mail instruction and I/we indemnify the Bank against all costs or claims which it may suffer or incur as a result of it acting on a telephone, fax or e-mail instruction or documentation, except if the Bank is grossly negligent.

I/We acknowledge that it is my/our responsibility to provide the beneficiary's correct banking details, which the Bank will not verify.

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DECLARATION

I/We, the undersigned, agree that the Bank may request information from any person, credit bureau, bank or business, including those mentioned in this application form, relevant to the services in which we are interested.

I/We request the Bank to supply for our completion and signature its appropriate application forms and terms and conditions. I/We acknowledge that the services will be made available to me/us on such terms.

I/We warrant that the information contained herein is correct, true and complete.

I/We am/are required to provide documents to verify my/our identity in terms of anti-money laundering legislation. I/We have complied with all applicable legislation and regulations governing my/our activities including anti-money laundering legislation (and exchange control).

My/Our domicilium citandi executandi for all purposes is the address mentioned above or of which I/we inform the Bank from time to time in writing.

I/We have the full capacity and authority to enter into transactions with the Bank and declare that the information provided above is accurate and complete.

I/We understand that the Bank's Complaints Handling Policy is available at www.bidvestbank.co.za or from the Bank's head office. I/We confirm that I/we have the necessary authority to sign this form. I/We confirm that I/we have received and read the disclosure and legal information provided by the Bank in terms of the Financial Advisory and Intermediary Services (FAIS) Act .

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

I/We consent to the Bank processing and sharing 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.

Name of signatory in BLOCK LETTERS

Signature

Date D D M M Y Y Y Y

Name of signatory in BLOCK LETTERS

Signature

Date D D M M Y Y Y Y

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FOR OFFICIAL USE ONLY

Account manager

Area

Credit check done by

Signature

Date D D M M Y Y Y Y

Customer number

Account number

Account number

Account number

Account number

Account number

Account number

CSI identity number

Relationship code

Client type

Client segment

Has client previously had any account(s) ☐ Yes ☐ No

Date account(s) closed D D M M Y Y Y Y

Reason for closing account(s) _____

Manager's remark _____

Spot limit

FEC limit

CFC account required ☐ $ ☐ € ☐ £ Other

Manager's name in BLOCK LETTERS

Signature

Date D D M M Y Y Y Y

Internet Banking Profile No.

Customer System Administrator User Name

Fee type

Signature verified ☐ Yes ☐ No

FICA checked ☐ Yes ☐ No

System administrator signature

Date D D M M Y Y Y Y

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