



# Standard Bank

## AccessAccount/AccessSave FuneralPlan Application and Contract

Hierdie vorm is ook in Afrikaans beskikbaar - Form nommer 00160513

AccessSave account number		AccessAccount number <b>0000010102179504</b>	
<b>Personal details</b>			
Customer name <b>Miss TABISA BOOI</b>			
Identity number <b>9011270475088</b>		Date of birth <b>1990-11-27</b>	
Telephone number (Home)	Telephone number (Work)	Cellphone number <b>0722176508</b>	
Physical/Postal address <b>60217 KHWETYANA LOCATION NEWLANDS EAST LONDON</b>			Postal code <b>5201</b>
<b>AccessAccount fee options: Please cross the applicable option (X)</b>			
Pay as you transact	Bundle	If you opt for the AccessAccount Plus please fill in the Death Benefit beneficiary details below:	
AccessAccount Plus		Name and surname	Identity/Passport number
<b>Confirmation</b>			
<b>Please cross the applicable option (X)</b>			
1. I consent to the Bank carrying out identity and fraud prevention checks on me			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. I have received, read, understood and agree to the Terms and Conditions for the AccessAccount and/or AccessSave Account			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. I have received, read, understood and agreed with these Statutory Notice and Obligatory Disclosures			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4. I acknowledge receipt of the debit card and PIN (Card number)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Marketing consent</b>			
As part of our service The Standard bank of South Africa Limited would like to provide you with information on products and services offered by the group and other companies, which we believe may benefit you. Because we regard your personal information as confidential, we need your consent to share it with the group. The group means our affiliates, associates, subsidiaries and divisions together with our holding company.			
<b>I consent to:</b>			
1. You marketing your products, services and special offers to me			Yes <input checked="" type="checkbox"/>
2. You communicating other companies' products, services and special offers to me. If I respond positively to such communication, I may be contacted by that company			No <input checked="" type="checkbox"/>
3. You sharing my personal information within the group for marketing purposes and the group then marketing its products, services and special offers to me.			No <input checked="" type="checkbox"/>
4. You contacting me for research purposes. (The research companies we use follow strict codes of conduct and treat customer information			No <input checked="" type="checkbox"/>
<b>Declaration and consent</b>			
I hereby confirm that the information provided is accurate and a true reflection of my financial position and that no additional information which may affect the decision of the Bank has been withheld			
<b>Agent information</b>			
I have seen the original documents and confirm there is a reasonable likeness of the identity document photo to the person who presented it. I confirm that I have scanned the documents presented and the image preview accurately reflects the original.			
<b>A181844</b>	Sales agent commission	Sales agent signature	<b>2018-04-06</b> Date (YYYY-MM-DD)
Sales agent number			
<b>Account signatories</b>			
<b>Please cross the applicable option (X)</b>			
Account number <b>0000010102179504</b>		Instruction Sign alone <input type="checkbox"/> Both to sign jointly <input checked="" type="checkbox"/>	
Signature of account holder (do not sign over the lines)		Additional signatory (do not sign over the lines)	
			