

(NB: REMEMBER TO SAVE & EMAIL THE COMPLETED FORM TO admin@diaspora-mortgages.com)



Signature Card - Individual

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

DATE

BRANCH <input type="text"/>	ACCOUNT NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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TYPE OF CURRENCY	TYPE OF ACCOUNT
USD <input type="checkbox"/> ZAR <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="text" value="specify"/>	Transactional Savings <input type="checkbox"/> Savings <input type="checkbox"/> Term <input type="checkbox"/> Other <input type="checkbox"/> <input type="text" value="specify"/>

PERSONAL PARTICULARS			
FULL NAMES (Mr/Mrs/Ms/Dr/Prof/Other <input type="checkbox"/>) _____			
TELEPHONE No.(s) _____	HOME _____	BUSINESS _____	CELL _____
HOME ADDRESS _____			
EMAIL _____	DATE _____	NATIONALITY _____	
PASSPORT NO. _____	ID No. _____	DRIVER'S LICENCE _____	
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	

FOR OFFICE USE ONLY	
_____ SIGNATURE ADMITTED BY	DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SPECIMEN SIGNATURES TO BE SIGNED IN BLACK INK

A

B

PRINT NAME

PRINT NAME

C

D

PRINT NAME

PRINT NAME

SIGNATURE INSTRUCTIONS _____

(tip: Use SIGN in Adobe reader to add signatures)