



Branch

Please issue me with an ATM Card which will enable me to access my Account(s) at your ATMs and other Zimswitch partners throughout Zimbabwe.

I agree to the following conditions: -

- 1). I agree to use the Card subject to the maximum transaction limit set by the bank.
- 2). I authorise the bank to debit from my account unspecified amounts due to the bank each day in full payment of all indebtness under this agreement.
- 3). The bank reserves the right to withdraw/cancel or refuse any Card transaction without giving prior notice.
- 4). In the event of Card being lost/stolen, I will notify the bank immediately.
- 5). The Card remains the property of the Bank.

ACCOUNT HOLDER (Please Print)

Mr. Mrs. Ms. Dr.

Cell Number(s).....

SurnameFirst Name(s).....

Date of Birth.....ID Number.....

Address.....

.....Email Address.....

PLEASE INDICATE WHICH ACCOUNTS YOU WANT TO ACCESS USING THIS CARD

Account Type	Branch	Account Number
1. <input type="text"/>	<input type="text"/>	<input type="text"/>

I confirm that the information given is true and I authorise you to make any inquiries you may deem necessary in connection with this application. I authorise you to debit from the bank account(s) identified above, unspecified amount due to the bank each banking day, in full repayment of all indebtness under this agreement and further authorise you to debit the account(s) with such amounts in precedence to any other payments from this account(s). I accept and agree to be bound by the Conditions of use that can be varied from time to time.

Account Holder's Signature:

FOR OFFICIAL USE ONLY (Please use red ink)

Signature verificationIssuance Authorised.....

Card No.....Expiry Date.....

Card Collected by.....Signature:.....

ID NumberDate:.....