BUSINESS BANK ACCOUNT SELECTION FORM

Application for Business Banking Services

Confidential Document

IMPORTANT NOTICE

This form must be submitted with the following certified supporting documents:

- Certified Copy of Identity Document (ID)
- Proof of Residence (not older than 3 months)
- Proof of Payment (if applicable)

Incomplete applications or missing documents will not be processed.

SECTION A: CONSENT

Would you like to open a business account? [ ] Yes [ ] No

SECTION B: BANK SELECTION

[ ] ABSA

[ ] FNB

[ ] Capitec Business

[ ] Nedbank

[ ] Standard Bank

SECTION C: APPLICANT DETAILS

Full Name of Director/Owner: _____

Contact Number: _____

Email Address: _____

SECTION D: BANKING PREFERENCES

Preferred Communication Method: [ ] Phone [ ] Email [ ] SMS

Would you like a business credit card? [ ] Yes [ ] No

Would you like overdraft facilities? [ ] Yes [ ] No

Additional Comments or Preferences:

_____

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DECLARATION

I confirm that the information provided above is accurate to the best of my knowledge. I acknowledge that this form is part of an application process and does not guarantee approval of any banking services.

Date of Application (YYYY-MM-DD): _____

Applicant's Signature: _____