



HBZ Bank Limited

(A Subsidiary of Habib Bank AG Zurich)
P.O. Box 1536, Wandsbeck, 3631, Kwa-Zulu Natal, South Africa

AM05AMAR21/SA

Account Opening - Foreign Currency Account (Business)

Fill in BLOCK letters and check where appropriate

Date
day month year

The Manager,

_____ Branch,

South Africa

CUSTOMER REFERENCE

Customer account number	0 4 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account title _____	<small>20 digits</small>

Dear Sir/Madam,

Kindly open the following additional account(s) selected below within the Account number & Account title specified above.

ACCOUNT TYPES	CURRENCY
<input type="checkbox"/> Demand deposit (<i>Current</i>)	<input type="checkbox"/> AED <input type="checkbox"/> CHF <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> CAD <input type="checkbox"/> OTHER _____

I/We agree to abide by all the Terms & Conditions applicable to the operations of the said account(s).

Yours faithfully.

applicant signature(s)

FOR OFFICE USE

Verified by _____ <small>name</small>	
Date <input type="text"/> <input type="text"/> <input type="text"/> <small>day month year</small>	
_____ <small>signature</small>	

NOTE: In the case of multiple signatories, authorized signatories must sign as per the account mandate.
The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.