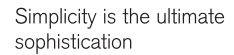


To be completed for all clients who are unable to provide any one of the approved documents



(branch name)

Stamp (only applicable for section B)

(name and surname of declarant)

[illegible]

(SA ID number)

Physical address of declarant: _____

Postal code:				
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(name and surname of person applying for a savings account - "the applicant")

[illegible]

(SA ID number)

Physical address: _____

Postal code:				
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I confirm that the Applicant is my:

(state nature of relationship - e.g. son, mother, uncle, domestic worker, boarder etc.)

and that he/she resides with me at the above address.

I have attached hereto the following document(s) to verify that I reside at the above address:

(description of document(s) to verify residential address - see annexure A)

Signed at: _____ on this _____ of _____ 20_____
(place) (day) (month) (year)

(signature of declarant)

For office use only													
Particulars of sales consultant assisting client													
Name and surname													
Date		D	D	M	M	2	0	Y	Y				
Consultant signature								Branch manager signature					