

CLIENT IDENTIFICATION FORM - INDIVIDUALS/PROXIES

Indicate by a tick by whom the form is being completed and then complete the relevant sections below:

1. PERSONAL PARTICULARS OF CLIENT			
Full Names			
Date of Birth			
I. D./Passport/Drivers' License Number			
Nationality			
Attach at least one of the follo	wing documents, as appropriate;		
Official Identity document or V	alid pass port issued by the country of citizenship		
2. CONTACT DETAILS			
Residential address			
Contact address [If different from above]			
Contact Numbers	(Home) (Work)		
Attach any <u>one</u> of the following documents reflecting the client's name and residential address: Utility Bill (less than 3 months old); or Mortgage statement (less than 6 months old); or Lease or rental agreement.			
3. BANK ACCOUNT TO BE O	CREDITED		
Account name			
Bank			
Branch			
Account Number			
*********ATTACH TAX EXEMPTION CERTIFICATE FROM ZIMRA IF APPLICABLE********			

4.PERSONAL PARTICULARS	OF PROXY I	F APPLICABLE
Full Names		
Date of Birth		
I. D./Passport/Drivers' License Number		
Nationality		
Attach at least one of the follo	wing docume	nts, as appropriate;
Official Identity document or Va	alid passport i	ssued by the country of citizenship
1. CONTACT DETAILS		
Residential address		
Contact address [If different from above]		
Contact Numbers		(Home) (Work)
		(Mobile) (E-mail)
		reflecting the client's name and residential address: Utility Bill (less than than 6 months old); or Lease or rental agreement.
2. NEXT OF KIN (OF CLIEN	IT) TO BE CO	ONTACTED IN AN CASE OF EMERGENCY
Full Names		
Address		
Contact number(s)		(Cell)
Relationship to client		
SPECIAL INSTRUCTIONS:		
Client/ Proxy's signature		