

ATM Application Form



SECTION A

(TO BE COMPLETED IN CAPITAL LETTRS)

For individual card holders

Surname:

Other Names:

Name and Address:

Home Address:

Tel No:

GSM No:

For Corporate card holders

Account Name:

Registered Office Address:

Business Address:

Tel No:

GSM No:

E-mail:

Do you have an account with Afribank?

YES

NO

List account to be linked to Africash

ATM Application Form

(For existing account holders only)



Name of Account

Branch

Account Number

Surname

Other Names