



VISA PREPAID CARD APPLICATION FORM FOR FAMILY MEMBERS

Please fill in the form in **BLOCK** letters and tick where appropriate. Please note that all fields are mandatory.

New Application	<input type="checkbox"/>	Supplementary	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Reason for Replacement	_____	
Existing Customer	<input type="checkbox"/>	Account Number	<input type="text"/>					
Card Currency	<input type="checkbox"/>	USD	<input type="checkbox"/>	ZAR	<input type="checkbox"/>	EUR	<input type="checkbox"/>	BWP
Collection Branch	_____				Date	_____		

SPONSOR DETAILS

Title	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Prof	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other
First Name(s)	<input type="text"/>													
Surname	<input type="text"/>													
Form of Identity	National ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driver's Licence	<input type="checkbox"/>								
National ID Number	<input type="text"/>							Mobile Number	<input type="text"/>					

BENEFICIARY 1 DETAILS

Title	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Prof	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other
First Name(s)	<input type="text"/>							Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female		
Surname	<input type="text"/>													
Country of Birth	<input type="text"/>							Date of Birth	<input type="text"/>					
Form of Identity	National ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driver's Licence	<input type="checkbox"/>								
National ID Number	<input type="text"/>							Mobile Number	<input type="text"/>					
Marital Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Other.....				
Residential/Home Address	<input type="text"/>													
Email Address	<input type="text"/>													
Relationship	<input type="text"/>													
Source of Funds	<input type="text"/>													

BENEFICIARY 2 DETAILS

Title	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Prof	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other
First Name(s)	<input type="text"/>							Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female		
Surname	<input type="text"/>													
Country of Birth	<input type="text"/>							Date of Birth	<input type="text"/>					
Form of Identity	National ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driver's Licence	<input type="checkbox"/>								
National ID Number	<input type="text"/>							Mobile Number	<input type="text"/>					
Marital Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Other.....				
Residential/Home Address	<input type="text"/>													
Email Address	<input type="text"/>													
Relationship	<input type="text"/>													
Source of Funds	<input type="text"/>													

BENEFICIARY 3 DETAILS	
NAME	MR. JAMES H. WILSON
ADDRESS	1234 E. MAIN ST., SUITE 200, DENVER, CO 80202
PHONE	(303) 555-1234
EMAIL	jwilson@wilsoncorp.com
DATE OF BIRTH	03/15/1965
SSN	123-45-6789
RELATIONSHIP TO BENEFICIARY 1	SON
PERCENTAGE INTEREST	33.33%
DATE OF ADDITION	01/01/2020

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
First Name(s)	<input type="text"/>				Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	<input type="text"/>						
Country of Birth	<input type="text"/>				Date of Birth	<input type="text"/>	
Form of Identity	National ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driver's Licence	<input type="checkbox"/>	
National ID Number	<input type="text"/>				Mobile Number	<input type="text"/>	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow	<input type="checkbox"/> Other.....		
Residential/Home Address	<input type="text"/>						
Email Address	<input type="text"/>						
Relationship	<input type="text"/>						
Source of Funds	<input type="text"/>						

DECLARATION

☐ By ticking this box and signing below, the customer is agreeing to have read and understood the **General Terms and Conditions** overleaf (or on BancABC website) and declare that I have a relationship with the beneficiary and I give my consent for the issuance of a VISA Card in the name of the beneficiary.

Customer's Signature

Date _____

FOR OFFICIAL USE ONLY

Note that: The bank official should **NOT** write down the full card number on the application form. The bank official is advised to write down the first four(4) digits and the last seven(7) digits on the application form.

Prepaid VISA Card Number					X	X	X	X	X
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Note that: The Bank official is advised to tick below to confirm checks and requisite documentation has been done

<input type="checkbox"/>	FCB Check	<input type="checkbox"/>	Siron/PEP Screening	<input type="checkbox"/>	Completeness of form	<input type="checkbox"/>	Identity documents collected
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Received/ Verified by (Print Name)	Customer Details Captured by (Print Name)	Customer Details Verified by (Print Name)	Bank Stamp and Initials
Signature, Date, Time	Signature, Date, Time	Signature, Date, Time	Signature, Date, Time