

ACTIVATING AN INACTIVE / DORMANT ACCOUNT

Postbank Account I	Numbe	er																						
All fields must be completed																								
1. PARTICULARS OF GROUP ACCOUNT (if applicable)																								
Group Registered Name																								
Business Address												Source	ce of F	und	s									
Postal Code		Date I	Establ	ished	Υ	Υ	Υ	Υ	M	M	D	D R	Registr	atio	n nui	mbe	er							
2. DETAILS OF INDIVIDUAL APPLICANT / JOINT MEMBERS / GROUP SIGNATORIES																								
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Surname 1																		Tit	tle					
Full Names	1						2								3									
Nationality	RSA	Fore	igner	Ge	nder	N	Male	Fen	nale	ID 1	Гуре	ID	Pass	sport	_	V	xpiry	Date		Rac	e M	1 0		D
Identity Number					I								Date	of E	Birth		Υ	<u> </u>	Y		M	M	D	D
Contact Numbers	Cell		1		1		1		He	ome	А	rea code				Bu	sine	SS	A	Area co				
Residential Address																			Со	de		Т		Т
Postal Address																			Co	ode		\top		T
Email Address													Fa	X										
Informal Employment	Une	mployed		Yes		No									Part	time	Emp	loyed		Yes			No	
Formal Employment	Full Tin	ne	Part T	ïme	Sel	f-empl	oyed	Mo	nthly l	ncom	е	R0 up	to R 10	000		R 1	000) - R 2	20 00)0	F	₹ 20	000 -	+
Name of Employer												(Occupa	ation										
Source of Funds																								
Employer's Address																		Cod	le			Т		
				FOR J	OINT	AND	GROU	JPS ON	LY (2	nd and	d 3 rd	Signate	ory(s)											
Surname 2																Τ		Tit	tle		Т	Т		
Full Names	1						2							T	3	-								
Nationality	RSA	Fore	igner	Ge	nder	N	Male	Fen	nale	ID 1	Гуре	ID	Pass	sport		E	xpiry	Date		Rac	e M)	D
Identity Number		 											Date	of E	Birth		Υ	Υ	Y		M	М	D	D
Contact Numbers	Cell		1	1			1		Н	ome	А	rea code	e and n	umbe	r	Bu	sine	SS	A	Area co	de a	nd n	umbe	ər
Residential Address																			Co	ode		Т		
Postal Address																			Со	ode				T
Email Address													Fa	X										
Informal Employment	Une	mployed	I	Yes		No							·		Part	time	Emp	loyed		Yes			No	
Formal Employment	Full Tin	ne	Part T	ïme	Sel	lf-empl	oyed	Мо	nthly I	ncom	е	R0 up	to R 10	000		R 1	10 000) - R 2	20 00)0	F	₹ 20	000 -	+
Name of Employer													Occupa	ation										
Source of Funds																								
Employer's Address																		Cod	le					
Surname 3																		Tit	tle					
Full Names	1		·	•			2						·		3									
Nationality	RSA	Fore	igner	Ge	nder	N	Male	Fen	nale	ID 1	Гуре	ID	Pass	sport	-	Y	xpiry	Date	ΙΥ	Rac	e M		D	D
Identity Number													Date	of E	Birth		Υ	Υ	Y		M	M	D	D
Contact Numbers	Cell						1		Н	ome	А	rea code				Bu	sine	SS	А	Area co	de a	nd n	umbe	er
Residential Address								1											Co	ode		Т		Т
Postal Address																			Co	ode		\top		T

Email Address	Fax																									
Informal Employment		Unemployed Yes					No									Part	time E	mploy	ed	Yes		No				
Formal Employment	Ful	Full Time Part Time					Self-employed Monthly Income R0 up to						up to R	10 000		R 10	000 - F	R 20 0	000 R 20 000 +							
Name of Employer			O						Occu	pation	ation															
Source of Funds										_																
Employer's Address	Code																									
3. PERSON ACTING ON BEHALF OF THE MINOR (if applicable)																										
Surname										Tit	tle															
Full Names	1 2 3																									
Nationality	RSA Foreigner					(Gen	der	Ļ	Male	Male Fema			le ID Type			e ID				Passport					
Identity Number			$\perp \perp \perp$										D	ate c	of Birth				_			ı	1			
Residential Address										Land		-41	0	alta.				Crondo								
Relation to Applicant Source of Funds			Pa	arent	τ					Legal	appo	ntea	Guar	diar	n —				Grandparent							
Contact Numbers	Cell			T						Home		Ar	ea co	de ai	nd num	ber	F	Busine	ss	А	Area code and number					
				<u> </u>																						
4. DECLAR	ATIO	N BY	ACC	;ou	INT F	101	LDE	R(S) / P	ERSC	N A	CTII	NG (ON	BEH	ALF	OF	THE	MIN	IOR	(if a	pplic	cabl	e)		
The Protection of Personal Information Act (POPIA) requires Postbank to inform you how we use, disclose and destroy personal information we obtained from you. Postbank is committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, securely and according to applicable law. Postbank undertakes not to divulge to any part not a signatory to this account, any information supplied without your prior written consent, unless required by law. By signing this declaration I/We consent to the following: My/Our personal information may be collected, processed, recorded, used and must be safeguarded during the rendering of financial services to me/us by Postbank. Postbank will use my/our personal information only for the purposes for which it was collected and agreed to with me/us. Postbank may verify, share and disclose my/our personal information with other business units/divisions whose services/ products they use to adequately and appropriately render financial services to me. Postbank may collect and process my/our personal information for the purpose to ensure their products and services remain applicable and appropriate with other applicable legislation. Postbank has the right to update and correct my/our personal information on reasonable grounds. Furthermore I/We understand that: I/We have the right to access my/our personal information. We have the right to ask Postbank to update, correct or delete my/our personal information on reasonable grounds. Once I/We object to Postbank processing my/our personal information, Postbank may no longer process my/our personal information, within reasonable parameters unless to conclude outstanding business. Should I/We wish to withdraw my/our consent to process my/our personal information, I/We must do so in writing, addressed to Postbank Information Officer.																										
after the terming				Ċ							oursei	ves.									mb pr		of			
Signed at On illiterate customer (if applicabl										ner																
Signature of Applicant(s) 1 2 3 3 Signature of Minor (if applicable) 7 years ad above																										
(Must be signed in conjunction with the signature of the Applicant)																										
5. INDEMNITY BY GROUP / JOINT FLEXI CARD CUSTOMERS																										
We, the undersigned, represent and warrant to the Post Office that we are the lawful nominees and authorised agents and representatives of																										
the group (stokvel, society, club) and we hereby indemnify the South African Post Office Limited or any of its employees ("Post Office") and shall keep the Post Office indemnified against any civil or criminal claim, proceeding or action of										Эе																

Witnesses 1	2	Date	
Signature of Applicant(s) 1	22	3	
		ike the responsibility for the safekeeping, protection and security of the Card the Card and PIN while they are in the possession of any member of the	
We, as nominees, agents and representatives of the group, j the Card and PIN. $ \\$	jointly and severally un	ndertake the responsibility for the safekeeping, protection and security of	
We also individually in person and collectively and on behalf have against the Post Office.	of the group hereby wa	vaive any right of recourse which we or the group or any third party may	
any third party with the Group account number			
, , , , , , , , , , , , , , , , , , , ,	•	ling of or dealing of whatsoever nature by the group or any nominee of	

6. CERTIFIED DOCUMENTS REQUIRED BY POSTBANK

The application form and the applicable certified supporting documents can be faxed to 086 269 7648 or emailed to PBFICA2@postofice.co.za

- Identification document (if Smart ID Card front and back)
- Proof of Residential Address (not older than 3 months)
- ❖ Page 2 of the Smart Save Book, which should display the Name and Surname of the customer(s) − if available and applicable
- Front and back of the Postbank card (if available and applicable)