

# Addition of Name Form

Date: \_\_\_\_\_

RE: Account No. \_\_\_\_\_

**FIRST NAME ON ACCOUNT****Office Use Only**CIF # \_\_\_\_\_  
First Account Holder

Please add the following person(s) to this account and where applicable deduct the related processing fees.

**Name (1):** \_\_\_\_\_

I request that I be admitted as an account holder of the Society and agree to be bound by the Terms and Conditions governing the operation of this account.

Signature: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEL NO. \_\_\_\_\_

Name (1) ID type &amp; number \_\_\_\_\_

Issue date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Witness signature \_\_\_\_\_

VM rep/JP/Notary Public

Affix stamp or seal of office:

**Name (2):** \_\_\_\_\_

I request that I be admitted as an account holder of the Society and agree to be bound by the Terms and Conditions governing the operation of this account.

Signature: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEL NO. \_\_\_\_\_

Name (2) ID type &amp; number \_\_\_\_\_

Issue date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Witness signature \_\_\_\_\_

VM rep/JP/Notary Public

Affix stamp or seal of office:

I/We confirm the signatures(s) of the person(s) being added and request that the funds be released from my/our account in keeping with the mandate indicated below:

**PLEASE TICK OPTION**

- ANY ONE OR SURVIVOR(s)** **Any one** person can request withdrawals or close the account without the knowledge or consent of the other.
- ANY TWO OR SURVIVOR(s)** The signatures of **any two** of the account holders are required on all requests to withdraw from or close the account.
- ANY THREE OR SURVIVOR(s)** The signatures of **any three** of the account holders are required on all requests to withdraw or close from the account.
- ALL OR SURVIVOR(s)** The signatures of **all account holders** are required on all requests to withdraw from or close the account.

**THIS AUTHORITY IS TO REMAIN IN FORCE UNTIL REVOKED IN WRITING BY ALL PARTIES TO THE ACCOUNT.**

