



ADDITION OF NAME FORM



Date: _____

RE: Account No. _____

_____ **FIRST NAME IN 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 Member /Depositor 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 & 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 Member /Depositor 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 & number _____
Issue date _____ Expiry date _____
Witness signature _____ VM Rep/ J.P/Notary Public
Affix stamp or seal of office:

I/We confirm the signature (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 SURVIVORS) 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.

PROXY APPOINTMENT

I/We hereby appoint the Chairman of the Board of Directors of the Society or any director or officer of the Society from time to time nominated by him as my Proxy to vote for me on my behalf at all meetings of the Society. This appointment shall remain valid and effective until revoked by me in accordance with the Rules of the Society.



ACKNOWLEDGEMENT

I/We, the undersigned, confirm that the information given in this application is true and complete. I/We acknowledge that the conditions outlined in the Terms and Conditions booklet are available at www.vmb.com. I/We agree to be bound by the Terms and Conditions governing the operation of this account and by the Rules of the Society.

Existing Account Holder's Signature

Signature verified by

Date

Existing Account Holder's Signature

Signature verified by

Date

Existing Account Holder's Signature

Signature verified by

Date

Each signature including those of the existing account holder(s) must be independently verified by a VM Representative, JP or Notary Public.

FOR OFFICE USE ONLY

BRANCH _____

ACCOUNT OWNING BRANCH _____ ACCOUNT TYPE : SAVINGS TIME

CIF # NAME 1 _____ CIF # NAME 2 _____

Approved by: _____ *Signature* _____ *Name*

Account Status from _____ to _____

Status Changed by: _____ *Signature* _____ *Name*

Keyed by: _____ *Signature* _____ *Name*

Caution /Tickler added by _____ *Signature* _____ *Name*

Report Checked: _____ *Signature* _____ *Name*

Status Changed by: _____ *Sig nature* _____ *Name*