APP 1

Cash Bu	ddy <sub>®™</sub>
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## DEBIT ORDER PROCESSING ACCOUNT APPLICATION FORM

				OFFICE	
APPLICANT NAME					
COMPANY NAME AND REG. NUMI	BER				
CERTIFIED COPY OF IDENTITY DO	CS				
RESIDENTIAL ADDRE	SS				
BUSSINESS ADDRES	S				
POSTAL ADDRESS					
BANKING DETAILS ( 3 MONTHS STATEMENT		BRANCH CODE	ACCOUNT NUMBER		
BANK NAME					
LEASE AGREEMENT/ OWNERSHIP OF PROPER	RTY				
PRINCIPAL NATURE O BUSSINESS	F				
PLEASE NOTE ALL COPIED DOCUMENTS TO BE CERTIFIED AS TRUE COPIES OF THE ORIGINAL. COPIES NOT CERTIFIED OR NOT SIGNED ARE NOT ACCEPTABLE, DATED WITHIN 3 MONTH PERIOD					
SIGNED AND DATED BY APPLICANT					
OFFICE USE					
APPROVED	HISTORY		ACCOUNT USER NAME		
CONTRACT NUMBER			PASSWORD PIN		