Annex-I-CSD-19



**NOMINEES(S) FORM** (To be filled by Individual A/C Holders)

Date: ...../..../...../

То,	
The Branch Manager,	
Reliance Finance Limited	
Branch	
Dear Sir/Madam,	
I/Wema	intaining account Nowith
your Finance, hereby authorize following nominee to receiv	-
Finance Limited in the event of my/our death.	
Mr./Mrs./Ms	Relation to me
Name of Nominees Mother/Father/Spouse	
Date of Birth of Nominee:/ Age:	Tel. No.
Citizenship/PP No Issue D	ate:/
Permanent Address	
Current Address	
Below details to be filled in case nominee is Minor	
In the event of my death, the above nominee being minor, I hereby agree to deposit all money due to me by opening new/existing amount of minor in the Finance and appoint as	
guardian to operate the account on behalf of nominee.	as
Guardian Details:	
Citizenship No Issue Date:	.//. Issued District
Address	
Relationship with Nominee	Contact No.
Accountholder's Signature(s)	
Accountholder's Signature(s) FOR OFFICE U	ISE ONLY
	JSE ONLY KYC Updated Yes No
FOR OFFICE U	KYC Updated Yes No