



Dhamira Account Registration form

Branch

Customer Identification Number(CIF)

Customer Account To be Used

PERSONAL DETAILS

Account / Company Name

Given names

Email address

Mobile phone

Other Phone numbers

I/We do request a bank to set aside TZS every month for a period of months and deposit the same into my Dhamira Bank Account starting from date

Terms and Conditions and the general terms and conditions for the operation of the accounts and Azania Bank banking services which may be amended from time to time and that the terms thereof shall apply mutatis mutandis to my/our assigns, beneficiaries and to as far as Azania Banking Services shall extend and or apply thereto.

1. Signature 2. Signature..... 3. Signature..... 4. Signature

Name: Name: Name: Name:

Date: Date: Date: Date:

FOR BANK USE ONLY.

Received by Signature Date

Verified by Signature Date.....

Authorized by Signature Date

NOTE: For Companies, Board Resolution must be availed to the bank.