

CUSTOMERS WITH DISABILITY AND ILLITERATE ACKNOWLEDGMENT FORM



Scan here for sign language instructions



We acknowledge and agree that we have read the Terms and Conditions in relation to the service requested in this form. We further confirm that he/she (details mentioned below) has understood all terms and conditions consented to and will abide by these including he/she understand the responsibilities of debit card (if requested).

Select Service Requested:	
Account Opening Debit Card request Any other serv	vice:
On Behalf of:	
Mr./Mrs.:	
NID/ Resident ID:	
Disability Card No or	Select if card not available/issued by Ministry of Social Affairs
Select type of Disability/Illiterate from following	
🗌 Blind- Can read Braille	🗌 Blind- Cannot read Braille
\Box Physical Disability (Unable to sign)	🗌 Illiterate
Witnesses:	
Two males, or one male and two females (For Visually disabled two Bank staff can be witness, if requested b	by customer)
1- Witness Name:	
ID Card Number:	ate:
Signature:	Gender: 🗌 Male 🗌 Female
2- Witness Name:	
ID Card Number: Da	ite:
Signature:	Gender: 🗌 Male 🗌 Female
3- Witness Name:	
ID Card Number: Da	ite:
Signature:	Gender: 🗌 Male 🗌 Female
Signature/ Thumb Impression	
For Bank U	Jse Only
\Box I confirm having met the customer and Witnesses in person ar	nd explained terms and conditions. r opening new account/ debit card application/ any other service
Checked by:	Approved by:
Signature:	Signature:
Date:	Date: