## **Declaration of residential address**

To be completed for all clients who are unable to provide any one of the approved documents



Simplicity is the ultimate sophistication

| To: Capitec Bank   |           |       |                          |                                       |
|--|-----------|-------|--------------------------|---------------------------------------|
| (branch name)  |           |       |                          | Stamp (only applicable for section B) |
| From:  |           |       |                          |                                       |
| (name and surname of declarant)    (SA ID number)    Physical address of declarant:            |           |       |                          |                                       |
| Physical address:  |           |       |                          |                                       |
| Formal residential address confirmation<br>I confirm that the Applicant is my:                 |           |       |                          |                                       |
| (state nature of relationship - e.g. son, mother, uncle, domestic worker, boarder etc.)        |           |       |                          |                                       |
| and that he/she resides with me at the above address.  |           |       |                          |                                       |
| I have attached hereto the following document(s) to verify that I reside at the above address: |           |       |                          |                                       |
| (description of document(s) to verify residential address - see annexure A)                    |           |       |                          |                                       |
| Signed at:<br>(place)  |           |       | of<br>/) (month)         | 20<br>(year)                          |
| (signature of declarant)   |           |       |                          |                                       |
| For office use only  |           |       |                          |                                       |
| Particulars of sales consultant assisting client   |           |       |                          |                                       |
| Name and surname   |           |       |                          |                                       |
| Date   | D D M M 2 | 0 Y Y |                          |                                       |
| Consultant signature   |           |       | Branch manager signature |                                       |