## HAND-IN-HAND TRUST CORPORATION INC. SAFE DEPOSIT BOX APPLICATION FORM

PERSONAL INFORMATION			
FIRST NAME: SURNAME: ADDRESS:			
TELEPHONE NUMBER: EMAIL ADDRESS: PLACE OF EMPLOYMENT: OCCUPATION: IDENTIFICATION/ PASSPORT:		•	
DEPUTY RENTERS INFORMATIO			
FIRST NAME: SURNAME: ADDRESS: TELEPHONE NUMBER:			
EMAIL ADDRESS: IDENTIFICATION/ PASSPORT: PLACE OF EMPLOYMENT: OCCUPATION:		·	
FIRST NAME: SURNAME: ADDRESS: TELEPHONE NUMBER:			
EMAIL ADDRESS: IDENTIFICATION/ PASSPORT: PLACE OF EMPLOYMENT: OCCUPATION:			
DOCUMENTS CHECKLIST:  VALID IDENTIFICATION  PROOF OF ADDRESS  PROOF OF INCOME  TWO REFERENCES			
OFFICIAL USE		OFFICIAL USE	
BOX NUMBER ASSIGNED: BOX SIZE: DATE OF COMMENCEMENT: YEARLY RENTAL (VAT INCL):		AMOUNT PAID: INVOICE NO: RECEIPT NO: COMMENCEMENT DATE:	
ORGANISATION'S REPRESENTATIVE:		TERMINATION DATE: SECURITY DEPOSIT PAID:	
REMARKS			
SPECIAL INSTRUCTIONS:			
PREPARED BY:			
CHECKED BY:  APPROVED BY:			
	A		