

# EWALLET PRO CARD APPLICATION FORM

Please fill in the form in **BLOCK** letters appropriately. Please note that all fields are mandatory.

New card  Replacement

## Section A: Personal Details

Title:  Mr  Ms  Dr  Prof Other: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Omang No/Passport No: \_\_\_\_\_ Expiry Date: 

D	D	M	M	Y	Y	Y	Y
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## Section B: Contact Details

Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

Email: \_\_\_\_\_

### Physical Address

### Postal Address

Plot No: \_\_\_\_\_ PO Box/P Bag: \_\_\_\_\_

Street Name: \_\_\_\_\_ City/Town: \_\_\_\_\_

City/Town: \_\_\_\_\_ Country: \_\_\_\_\_

## Section C: Ewallet Pro Details

Card Number: \_\_\_\_\_

Expiry Date: 

D	D	M	M	Y	Y	Y	Y
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## Section D: Customer Signature

Cardholder Signature: \_\_\_\_\_

## Section E: For Official Use Only

Date: 

D	D	M	M	Y	Y	Y	Y
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Issued by: \_\_\_\_\_ Signature: \_\_\_\_\_

Verified by: \_\_\_\_\_ Signature: \_\_\_\_\_


Stamp:

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**Hollard.**

For more information:

Hollard Life:  (+267) 363 3060

 (+267) 76 230 009




 customerservice@hollard.co.bw



Hollard Insure:  (+267) 395 8023

 servicecentre@hollard.co.bw

# Hollard.

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