

CUSTOMER SERVICE ONLINE APPLICATION FORM (KAKAWA iBANK)

I hereby request to use your on-line customer service facilities

First Name

Surname

Full Address

Postal Address (If different from above)

Tel. No(s) **Home**

Office

Mobile

Fax No(s)

Email Address

Thank you for choosing KAKAWA DISCOUNT HOUSE LIMITED

Please tick the services you require to access via our on-line facility

LMS (Liquidity Multiplier Service)

Investment

Assets Management

AUTHORISED SIGNATORY

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