

# SAVINGS ACCOUNT APPLICATION FORM- SOLE PROPRIETORSHIP



BRANCH \_\_\_\_\_

ACCOUNT NUMBER

BUSINESS NAME

DATE OF REGISTRATION  REGISTRATION NUMBER

TITLE  INITIALS

SURNAME

FIRST NAMES

TYPE OF ID

ID NUMBER

DATE OF BIRTH  GENDER  MARITAL STATUS

POSTAL ADDRESS

TELEPHONE  HOME

CELL PHONE

E-MAIL ADDRESS

RESIDENTIAL ADDRESS

VILLAGE

T/A

DISTRICT

EMPLOYER

EMPLOYERS ADDRESS

REFERENCES

M= MARRIED  
D= DIVORCED  
S= SINGLE  
W= WIDOW  
WR= WIDOWER

M= MALE  
F= FEMALE

Y Y Y Y M M D D

**OFFICE USE**

SECTOR  INDUSTRY  TARGET

NATIONALITY  CUSTOMER STATUS  RES/NON RES

ACCOUNT OFFICER  LANGUAGE

BSAV 01(03/07)

Please provide us with the specimen signatures in the space provided below:

Specimen Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Signing Arrangement (Tick as appropriate) Singly: Yes  No

\_\_\_\_\_ Jointly: Yes  No

**FOR OFFICE USE ONLY**

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_