

SAVINGS ACCOUNT APPLICATION FORM- INDIVIDUAL



BRANCH _____

ACCOUNT NUMBER

TITLE INITIALS

SURNAME

FIRST NAMES

TYPE OF ID

ID NUMBER

DATE OF BIRTH Y Y Y Y M M D D GENDER M= MALE F= FEMALE MARITAL STATUS M= MARRIED D= DIVORCED S= SINGLE W= WIDOW WR= WIDOWER

POSTAL ADDRESS

TELEPHONE WORK HOME

CELL PHONE

E-MAIL ADDRESS

RESIDENTIAL ADDRESS

VILLAGE

T/A

DISTRICT

EMPLOYER

EMPLOYERS ADDRESS

REFERENCES

OFFICE USE

SECTOR INDUSTRY TARGET

NATIONALITY CUSTOMER STATUS RES/NON RES

ACCOUNT OFFICER LANGUAGE

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

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