



SAVINGS ACCOUNT OPENING FORM

AFFIX
PASSPORT
PHOTOGRAPH

Account Type:

TITLE MR MRS. MS OTHERS

SURNAME

OTHER NAMES SIGNATURE

DATE OF BIRTH NATIONALITY

SEX MALE FEMALE MARITAL STATUS

IDENTIFICATION: PASSPORT DRIVER'S LICENCE OTHERS (SPECIFY)

RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS
(If Different from Residential Address)

TELEPHONE NUMBER HOME OFFICE
 MOBILE: FAX:

E-MAIL ADDRESS

OCCUPATION/PROFESSION

GROSS ANNUAL INCOME

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

IF MARRIED

NAME OF SPOUSE

OCCUPATION OF SPOUSE

NEXT OF KIN INFORMATION

SURNAME

OTHER NAMES

RELATIONSHIP

CONTACT ADDRESS

A/C Officer's Name:- **Authorized Signature:**.....