



# SAVINGS ACCOUNT APPLICATION FORM

SURNAME:		OTHER NAMES:	
DATE OF BIRTH(Optional) :		NATIONALITY:	
SEX:	MALE <input type="checkbox"/>	FEMALE	<input type="checkbox"/>
HOME ADDRESS:			
OFFICE ADDRESS:			
FOREIGN ADDRESS:			
TELEPHONE:			
EMAIL ADDRESS:			
OFFICE TELEPHONE:		FAX NO:	
OCCUPATION/ PROFESSION:		IDENTIFICATION NO:	
EMPLOYER:			
STATE OF ORIGIN:		LOCAL GOVERNMENT AREA:	
MOTHERS MAIDEN NAME:			
MARITAL STATUS:		NAME OF SPOUSE AND OCCUPATION:	
NEXT OF KIN:			

I request the opening of a savings account and confirm that the above information is true.

S/N	DOCUMENTS OBTAINED	IN PLACE	WAIVER
1.	Identification		
2.	Passport Photograph		
3.	Verification of signature		
4.	Mandate (For Joint Signatories)		
5.	Residence permit		
6.	NEPA Bill. Utility bill		
7.	Visitation report		

CUSTOMER INTRODUCED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CSU OFFICER \_\_\_\_\_ DATE: \_\_\_\_\_

SCANNED BY \_\_\_\_\_

ACCOUNT OFFICER \_\_\_\_\_

AUTHORISED BY \_\_\_\_\_