



ACCOUNT OPENING FORM

BRANCH.....

Date

d	d	m	m	y	y	y	y
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CIF ID (To be filled by the Bank)

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ACCOUNT NAME..... ACCOUNT NO (To be filled by Banks)

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SAVING ACCOUNT TYPE (Please select type of Accounts you prefer to open)

- Norma Saving
 Current Account
 Rural Farmer
 Green Saving
 Social Development Saving
 Community Saving
 Education Saving
 Pension Account
 Funeral Saving
 Spiritual Development

*Minimum Amount require to open a Saving Account is Nu.500. Initial Amount Deposited Nu.....

FIXED DEPOSIT (cash deposit on the same day of A/C opening) Account Number

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FD Amount (in figures)

Nu.

 Term

Years/Months

In words Nu.....

Interest Payment Frequency Monthly Yearly Maturity

Fixed Deposit Proceeds Transfer Account Number

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Recurring Deposit (cash deposit on the same day of A/C opening) Account Number

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- Normal Recurring Deposit
 Education Recurring Deposit
 Recurring Deposit for Staffs

Recurring Installment Amount (in figures)

Nu.

 Term

Years/Months

In words Nu.....

Installment Frequency Monthly Quarterly

Recurring Deposit proceeds Transfer Account Number

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Installment deposit mode Over the counter Request standing Instruction

MODE OF OPERATIONS (Please tick any one of the following)

- Single
 Jointly
 Either-or Survivor
 Any one or Survivor

For Joint Account	1 st Applicant Name:	Account No.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>																				
	2 nd Applicant Name:	Account No.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>																				
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NOMINEE DETAILS:

In the event of your death, the NOMINEE(s) recorded here shall have the absolute right to close and withdraw the balance after adjustment of any outstanding with us.

Name	CID No.	Relationship to A/c holder	% of Share

VALUE ADDED SERVICE (Please Tick the services you want)

SMS service Cheque facilities

INTRODUCER DETAILS

Signature:

Name:

Address

Contact no

Account No:

SPECIMEN SIGNATURE (single/guardian)

Name:.....

RTI	LTI
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Photo

SPECIMEN SIGNATURE (for joint operation)

1. Name 2. Name.....

RTI	LTI
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photo

RTI	LTI
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photo

3. Name 4. Name.....

RTI	LTI
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photo

RTI	LTI
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photo



TERMS AND CONDITIONS

1. I/We agree to abide by your rules in force
2. In case of wrongly credited to my account I/we agree to refund back to the rightful owner/Bank
3. Your institutions reserved right to lien note my/our account against the cheque/debit.
4. I/We shall inform the Bank for change of address and contact information. Should I/we failed to update email/phone number linked, the Bank shall not be responsible for siphoning of funds from my account.
5. The Bank is authorized to debit the Account Maintenance fees.
6. The nominee has the absolute right to close the account and adjust the outstanding with the Bank.
7. I/We agree to maintain minimum of 1000 in my/our Current Account at all times.
8. I/We absolutely liable for misuse of accounts opened in my/our name.
9. In case of Minor Account when attend 18 years the guardian agrees to submit consent letter to open independent account himself/herself and update the KYC

CUSTOMERS CONSENT AND DECLARATION.

I/We hereby confirm that the information provide is true and accurate to my/our best of knowledge and fully liable for misinformation. I undertake to inform and update KYC when changing the address and contact number.

I/We have read and understood the terms and conditions and bound by your rules and regulation in force

Stamp
Judicial

Name of the Account holder:

Place:

Date: