

SAVINGS BANK

APPLICATION FOR A NOTICE ACCOUNT

Office: _____

2 Days 32 Days 60 Days



PERSONAL DETAILS

Title (Mr/Mrs/Dr/Prof/Miss): _____ Surname: _____

First Name(s): _____

Tel: (____) (H) _____ (W) _____ (Cell): _____

Postal Address: _____ Residential Address: _____

Nationality/Citizenship: _____

Identity/Passport Nr: Date of Birth:

Identification type: Passport ID DL BC Gender: F M Marital Status: M S D W

Occupation: _____

Source of Funds: 1. _____ Amount: _____

2. _____ Amount: _____

EMPLOYER/BUSINESS DETAILS

Employer/Business: _____

Employer/Business Physical Address: _____

INVESTMENT INSTRUCTION

Amount invested: N\$ _____

DISPOSAL OF INTEREST

(Mark with an X where applicable)

END OF TERM	OR	MONTHLY
Compound <input type="checkbox"/>		Transfer to my SmartCard <input type="checkbox"/>
Transfer to my SmartCard <input type="checkbox"/>		Pay into my bank account <input type="checkbox"/>
Pay into my bank account <input type="checkbox"/>		

BANKING DETAILS

Account no.

Branch code: _____ Bank: _____

I hereby declare that my account may be managed in accordance with the rules and regulations of NamPost Savings Bank.

Customer signature: _____ Date: _____

FOR OFFICIAL USE

Approved rate: _____ SB 10 Receipt no.: _____

Client identified and verified by: _____ (Full name)

Signature: _____ Supervisor: _____

Date stamp