SAVINGS BANK APPLICATION FOR:

FTD
MyChoice



	PERSONAL DETAILS
Title (Mr/Mrs/Dr/Prof/Miss):	
First name(s):	
	(Cell):
Postal Address:	Residential Address:
Nationality/Citizenship:	
Identity Number:	Date of Birth:
Identification type: Passport ID I	DL BC Gender: FM Marital Status: MSDW
Occupation:	
Source of Funds: 12	Amount:Amount:
FMPI	OYER/BUSINESS DETAILS
Employer/Business:	
Employer/Business Physical Address:	
INV	ESTMENT INSTRUCTION
(Mark with an X where applicable)	Amount invested: N\$
Period:	other Days
D	ISPOSAL OF INTEREST
Disposal of interest on due date	or interest payment monthly Compound Interest
Transfer to my SmartCard	SmartCard No
Pay into my bank account	이번 기업 이 기업을 살고했다. 그는 사람은 하는 것이
BANKING DETAILS	
Account No.	🖚
Branch Code:	Bank:
I hereby declare that my account may be r Post Savings Bank.	nanaged in accordance with the rules and regulations of Nam-
Customer signature:	Date:
FOR OFFICIAL USE Approved interest rate:	SB 10 Receipt No.:
Client identified and verified by:	(Full name)
Signature:	Supervisor:
	Date stamp