

**SAFETRUST NEGOTIABLE ORDER OF WITHDRAWAL (SAFETRUST N.O.W)**  
**APPLICATION FOR THE OPENING OF A PERSONAL CHECKING ACCOUNT**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

OFFICE ADDRESS(not P.O.BOX)	MAILING ADDRESS	ADDRESS ABROAD (With P.O.BOX if any)

TELEPHONE NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

PROPOSED INITIAL DEPOSIT: \_\_\_\_\_

ACCOUNTS WITH OTHER BANK: \_\_\_\_\_

**FOR JOINT ACCOUNT**

NAME OF JOINT ACCOUNT HOLDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

BUSINESS / OCCUPATION: \_\_\_\_\_

**REFERENCES**

	NAME AND ADDRESS	BUSINESS/OCCUPATION	BANKERS
1.	_____	_____	_____
2.	_____	_____	_____

**DECLARATION**

I/We hereby apply for the opening of an Account or Accounts with SAFETRUST savings and loans ltd. I/We understand that the information given herein is the basis for opening such Account(s) and therefore warrants that such information is correct

I/We agree to be bound by the terms and conditions governing the operation of this Account.

Signature/Date	Signature/Date
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CUSTOMER PERSONAL INFORMATION FORM

1. NAME OF SIGNATORY/ACCOUNT HOLDER: \_\_\_\_\_  
\_\_\_\_\_

2. RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PERMANENT HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

RELATIONSHIP WITH NEXT OF KIN: \_\_\_\_\_

ADDRESS OF NEXT OF KIN: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. OF NEXT OF KIN: \_\_\_\_\_

ARE YOU MARRIED: \_\_\_\_\_

SPOUSE' MAIDEN NAME: \_\_\_\_\_

SPOUSE' HOME ADDRESS/PHONE NO: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCE FORM**

IT IS DANGEROUS TO INTRODUCE A PERSON  
WHO IS NOT WELL KNOWN TO YOU  
For applicant with no other Bank Account  
Referee must be the applicant's employer or  
a person who has account with an acceptable bank.

From (Referee) \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

To:



Dear Sirs. \_\_\_\_\_ BRANCH

NAME OF APPLICANT

The above named Person wishes to open a Checking Account with you. They/He/She are/is well known to us/me and we/I consider them/him/her as suitable to maintain a Checking Account with you.

The Applicant signs thus \_\_\_\_\_ and we/I hereby witness their/his/her signature as being correct.

Our /My Bankers are \_\_\_\_\_

NAME OF BANK

BRANCH

ACCOUNT NO.

SIGNATURE OF REFEREE

(To be completed by bank official)

From



To (Referee's Bank)

\_\_\_\_\_

\_\_\_\_\_

Please verify the signature(s) of your client as above

Signed

(To be completed by referee's bank)

From \_\_\_\_\_ (Referee's Bank)

To \_\_\_\_\_ Branch



We hereby verify and confirm our clients signature(s) hereon correct / irregular.

Signed and Stamp by Authorised Signatory

Signed and Stamp by Authorised Signatory