

JUNIOR SAVINGS ACCOUNT APPLICATION

APPLICANTS DETAILS

Full Names: _____ Omang No: _____
Tel: _____ Cell: _____ Email: _____
Work Place: _____

CHILD (ACCOUNT HOLDER)'S DETAILS

First Name: _____ Surname: _____ Omang No: _____
_____ Gender: _____ Date of Birth: _____
_____ Age: _____
Postal Address: _____
Physical Address: _____
Contacts: _____

ACCOUNT DETAILS

Initial Deposit amount: _____ Monthly saving: _____
Interest rate per annum: _____

- An opening deposit of minimum P200.00 is applicable
- Minimum monthly saving of P50.00
- Interest rate is standard at 3% p.a for minimum balance of P1000.00
- The account name is the child's name, while the parent has the sole mandate to operate it.
- Withdrawal from the account is permitted after every four months provided a balance of P1000 be maintained

Member's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Receiving Officer: _____ Date: _____

NB: PLEASE ATTACH A COPY OMANG AND LATEST ADVICESLIP TO THIS APPLICATION