TURIBAMWE CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

P.O.BOX 1024, KABALE

APPLICATION FORM FOR OPENING A PERSONAL SAVINGS ACCOUNT

Date……

Dear Sir

We/I hereby request you to open a savings account in our/my names titled

……
You are requested to honor any drawings instructions bearing my signature as per the specimen given below and on your specimen of signatures cards and also the signatures of any person who may be given my/our mandate to sign on my behalf. In case of death, the following person can take over my savings account and their particulars.

Name……..Address……...

I hereunder also supply the following personal particulars to which I testify their correctness.

Personal address Village……..
Parish……sub-county……
P.o.Box…….
Tel. No…….
Occupation……...Employer……..

Employers address…….

I hereby agree to conform to the rules governing the savings account at your society.

The specimen of my signature is

1. ……

2…….

My first savings deposit is shs…….paid by……..

Checked by cashier……

Approved by Manager……...

Account No…….