

OCEANIC EXECUTIVE SAVINGS ACCOUNT APPLICATION FORM

INDIVIDUAL

Surname: _____ Other Names: _____

Contact Address: _____

E-Mail Address: _____ Sex: Male Female

Date of Birth: ____/____/____ Contact Phone: _____

Occupation: _____ Total Annual Income: _____

Next of Kin: _____ Contact Phone: _____

Address of Next of Kin: _____

Initial Investment Amount: =N= _____ Date: _____

Account Holder's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Account Number: _____ Date Opened: _____

Account Opened by: _____ Sign/Date: _____

Approved by: _____ Sign/Date: _____

Interest Rate Agreed on: _____

Withdrawal Booklet Issued: _____ Date: _____

Product Officer Name & signature: _____