



MALAWI SAVINGS BANK LIMITED

.....BRANCH/ AGENCY

CLUB, ASSOCIATION & SOCIETY ACCOUNT OPENING FORM

Basic Customer Information

(Please tick in the appropriate box)

Type of Account

Savings Account

Premium Savings Account

Current Account

Fixed Deposit Account

Notice Account

Trust Account

CCA

FCD Account

Residential Status

Resident

Non Resident

..... (Country, if non resident)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Club / Association / Society Name.....

Registration Number.....

Short name.....

Registration Date.....

Industry

Customer Type.....

Tax Group General Tax payer Tax exempted

(Please tick in the appropriate box)

TIP Number

We wish to inform you that at a meeting of the Directors/Members/ Trustees/ Committee of held aton theday of20___, it was resolved that the Club / Association / Society opens an account with Malawi Savings Bank Limited in the said name (formal resolution attached). We further advise that the undersigned were elected to act on behalf of the Club / Association / Society until written notice to the contrary.

Name	Identity Particulars & No.	Position	Signature
1).....
2).....
3).....
4).....

Primary Address Information

Mailing Address

.....
.....
.....

Tel nos:.....

Head office address

Physical Address

Plot/Street No.....

Town

District

E-mail address.....

Address Available from (date).....

Property Type.....

Signatory Details

The bank is hereby requested to honour withdrawals and any instructions in writing purported to be drawn by the Club / Association / Society provided that they are signed by the following:

Name of signatory	Contact number	Specimen signature	D a t e
1).....
2).....
3).....
4).....

Business Details

Establishment Date.....Financial Year end.....Annual Turnover.....

Type of activity expected on the account.....

Source of funds / income (e.g. Donation).....

Type of business conducted.....

Number of employees.....

Accounts with other banks

Name of bank	Name of Account	Account number
.....
.....
.....

REFERENCES (Two *businesses associates the bank may contact to obtain references*)

NAME OF COMPANY	ADDRESS	NAME OF CONTACT PERSON	TELEPHONE NUMBER

Declaration

We hereby certify that the information contained in this form is true and correct, and we are aware that the willful supplying of inaccurate/misleading information may lead to prosecution and closure of the account. We accept that the operation of the account shall be subject to the terms and conditions which may be varied from time to time, as stipulated by the bank.

We give our consent to the Bank to supply the information contained on this form and/or that of the account concerned to other third parties including the Credit Reference Bureau for purposes of credit referencing.

Name..... Position..... Signature..... Date.....

FOR

(Name of Club / Association / Society)

For Bank Use

Account Application Approved by NameSignature.....Date.....

Account Created by: Name.....Signature.....Date.....

Account Creation Checked by: Name.....Signature.....Date.....

Account Creation Approved by: Name.....Signature.....Date.....

Account Opening Balance: