



MALAWI SAVINGS BANK LIMITED

_____ BRANCH/AGENCY

ACCOUNT APPLICATION FORM

APPLICATION TO OPEN A JOINT ACCOUNT

Date: _____

Please tick the appropriate box

Account Type

- Current Account
- Savings Account
- Premium Account

- Fixed Deposit
- Notice Account

Residential Status

- Resident
- Non - resident

RESOLUTION

Account Name _____

We (names of account holders)
hereby request you to open a Joint account in your books in
 the said name(s). We further authorise and request that subject to any specific instructions to you to the contrary,
 all payments and remittances received by you in the name(s) or for the credit of either or any or all of us shall be
 placed by you to the credit of such joint account. (Unless there shall be at the same branch/agency a specific
 account in such names to which payment and remittances shall be credited).

In the event of the said account becoming overdrawn at any time, we hereby agree that you shall be
 entitled to charge interest on the sum by which the said account is overdrawn and that **the rate of interest
 charged from time to time shall be at your sole discretion.**

This authority is to remain in force until any of us shall have expressly revoked it by a notice in writing delivered to
 you at the above mentioned branch/agency; and it shall not be revoked by the death of any one of us hereafter.

Name	Identity Particulars	Signature
1).....
2)
3)

CUSTOMER INFORMATION

Mailing Address	Physical Address (<i>Residential Address</i>)
..... <i>Plot/House NO.</i>
..... <i>Constiteuncy</i>
..... <i>Town</i>
Tel nos:..... <i>District</i>
Cell nos..... <i>Duration</i>
E-mail address

CUSTOMER INFORMATION

Mailing Address
.....
.....
Tel nos:.....
Cell nos.....
E-mail address

Physical Address (*Residential Address*)
..... *Plot/House NO.*
..... *Constiteuncy*
..... *Town*
..... *District*
..... *Duration*

CUSTOMER INFORMATION

Mailing Address
.....
.....
Tel nos:.....
Cell nos.....
E-mail address

Physical Address (*Residential Address*)
..... *Plot/House NO.*
..... *Constiteuncy*
..... *Town*
..... *District*
..... *Duration*

Type of activity expected on the account.....
Source of funds(e.g. Donation).....
Source of income(e.g Profits from sales).....
Type of business conducted.....

Accounts with other banks

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

References

Referee's name..... Referee's name.....
Address
.....
.....

Declaration

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

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

For Bank's Use

Account Approved by: Name..... Signature.....
Date
Account Created by: Name..... Signature.....
Date
Account Checked by: Name Signature.....
Date
Opening Balance :.....

Account Number



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MAP FOR CUSTOMER'S PLACE OF RESIDENCE

A large empty rectangular box intended for the customer to draw a map of their place of residence.