



# MALAWI SAVINGS BANK LIMITED

.....BRANCH/ AGENCY

## THIRD PARTY NON-PERSONAL ACCOUNT OPENING FORM

### Basic Customer Information

(Please tick in the appropriate box)

#### Type of Account

Savings Account	<input type="checkbox"/>	Premium Savings Account	<input type="checkbox"/>
Current Account	<input type="checkbox"/>	Fixed Deposit Account	<input type="checkbox"/>
Notice Account	<input type="checkbox"/>	Trust Account	<input type="checkbox"/>
CCA	<input type="checkbox"/>	FCD Account	<input type="checkbox"/>

#### Residential Status

Resident

Non Resident

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

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Name of the Body.....

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 at .....on the .....day of .....20\_\_\_, it was resolved that the Body 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 Body 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 Body provided that they are signed by the following:

<b>Name of signatory</b>	<b>Contact number</b>	<b>Specimen signature</b>	<b>D a t e</b>
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 the Body)**

**For Bank Use**

Account Application Approved by    Name .....Signature.....Date.....

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

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

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

Account Opening Balance:            .....