

FIRST CITY MONUMENT BANK PLC  
A MEMBER OF FIRST CITY GROUP

**FCMB**

RC No. 46713

**ACCOUNT OPENING DOCUMENTATION**  
SAVINGS ACCOUNT

## APPLICATION FOR OPENING SAVINGS ACCOUNT

### PERSONAL DETAILS

Surname \_\_\_\_\_

Other Names \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Contact Address (Not Postal) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Means of Identification \_\_\_\_\_

Office Telephone Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

How regularly do you require a State of Account (Please tick)

Quarterly       Half Yearly       Annually

I intend to open the First City Saver Premium Account (please tick)

Yes       No

## BANK ACCOUNT OPENING FORM (MINIMUM REQUIRED INFORMATION)

Identification (one of them is required)

National identity card number and date of issuance

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Driver licence number and date of issuance

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Valid until        /        /        (DD/MM/YYYY)

International Pasport number and date of issuance

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Valid until        /        /        (DD/MM/YYYY)

Country of issuance \_\_\_\_\_

Work/Residence permit number \_\_\_\_\_

Date of issuance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

I also agree as follows

1. To guard against access to my withdrawal slip by unauthorised persons.
2. That interest will be allowed on my account at rates specified by the bank and subject to prevailing money market conditions.
3. That all sums for the credit of my account shall be accompanied by a pay-in-slip showing the names and number of the account to be credited. The transaction shall be confirmed by the initial of a teller of First City Monument Bank on the duplicate of the pay-in-slip.
4. That withdrawals can only be made by the account holder on the basis of FCMB savings account withdrawal slips.
5. That any change in my address shall be communicated to the First City Monument Bank Branch where the account was opened.
6. That a statement of account will be sent to me as indicated and discrepancies observed on the said statement of account shall be notified to First City Monument Bank within 15 days of the date thereof. First City Monument Bank shall assume that the entries made are correct having failed to receive my notice of information to the contrary.

Customer's Signature \_\_\_\_\_

Date / / \_\_\_\_\_

## For Office Use Only

Please Tick appropriately

Regular Savings Account

Premium Savings Account

## APPROVAL

A/C Opened By \_\_\_\_\_

F@S Officer - Name and Signature

Date / / \_\_\_\_\_

Approval \_\_\_\_\_

Head of Operations - Name and Signature

Date / / \_\_\_\_\_







## LETTER OF REFERENCE

The Manager,  
First City Monument Bank Plc

\_\_\_\_\_ Branch

Dear Sir,

I wish to confirm that I know the above named individual. I would like to state that he/she is of integrity and I believe he/she will abide by the rules and regulations guiding the operation of a savings account in your bank.

Name of Employer? or Account holder? \_\_\_\_\_

Address \_\_\_\_\_

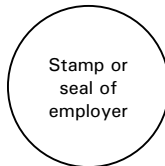
Name of Bank \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number \_\_\_\_\_

Yours faithfully,

\_\_\_\_\_  
Signature



Date     /     /  
\_\_\_\_\_

This letter must be submitted by all Premium Account holders before the account is opened and cannot be waived.

