



APPLICANT INFORMATION			
NAME	_____	_____	_____
	FIRST NAME	MIDDLE NAME	SURNAME
	_____	_____	_____
	DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY
ADDRESS	_____		

OTHER INFORMATION
NAME OF EDUCATIONAL INSTITUTION ATTENDING: _____

CONTACT INFORMATION			
PARENT / GUARDIAN / CUSTODIAN	_____	_____	_____
	FIRST NAME	MIDDLE NAME	SURNAME
RESIDENTIAL ADDRESS	_____	MAILING ADDRESS	_____
	_____		_____
	_____		RELATIONSHIP
_____	_____	_____	_____
CELL	HOME	WORK	EMAIL

PARENT / GUARDIAN / CUSTODIAN	_____	_____	_____
	FIRST NAME	MIDDLE NAME	SURNAME
RESIDENTIAL ADDRESS	_____	MAILING ADDRESS IF DIFFERENT	_____
	_____		_____
	_____		RELATIONSHIP
_____	_____	_____	_____
CELL	HOME	WORK	EMAIL

PERSONS AUTHORIZED TO OPERATE THE ACCOUNT			
SIGNATORY 1:	_____	_____	_____
	FULL NAME	ID TYPE	ID NUMBER
SIGNATORY 2:	_____	_____	_____
	FULL NAME	ID TYPE	ID NUMBER

INITIAL DEPOSIT	
Junior Savers A/c:	\$ _____
Fixed Deposit A/c:	\$ _____
Total:	\$ _____

IDENTIFICATION	
JUNIOR SAVER'S	_____
	ID TYPE

	ID NUMBER

	ID TYPE

	ID NUMBER

CERTIFICATE OF NOMINEE

In the event of death of the Junior Saver, the following person(s) will be entitled to receive any monies accrued to the account of the Junior Saver:

NOMINEE #1	_____	_____	_____	
	FIRST NAME	MIDDLE NAME	SURNAME	
ADDRESS	_____	CELL	_____	
	_____	HOME	_____	
	_____	WORK	_____	
	_____	OTHER	_____	
	_____	EMAIL	_____	
		BIRTHDATE	GENDER	
		ID TYPE	ID NUMBER	ID EXP. DATE
		RELATION	PERCENT	

NOMINEE #2	_____	_____	_____	
	FIRST NAME	MIDDLE NAME	SURNAME	
ADDRESS	_____	CELL	_____	
	_____	HOME	_____	
	_____	WORK	_____	
	_____	OTHER	_____	
	_____	EMAIL	_____	
		BIRTHDATE	GENDER	
		ID TYPE	ID NUMBER	ID EXP. DATE
		RELATION	PERCENT	

NOMINEE #3	_____	_____	_____	
	FIRST NAME	MIDDLE NAME	SURNAME	
ADDRESS	_____	CELL	_____	
	_____	HOME	_____	
	_____	WORK	_____	
	_____	OTHER	_____	
	_____	EMAIL	_____	
		BIRTHDATE	GENDER	
		ID TYPE	ID NUMBER	ID EXP. DATE
		RELATION	PERCENT	

DECLARATION

I/ We _____ and _____ declare and confirm that the information provided on this application form is true and correct to the best of my/our knowledge and belief.

SIGNATURES

_____	_____	_____
_____	_____	_____
DATE	WITNESSED BY:	

FOR OFFICE USE ONLY

Account Number: _____	Approved by _____
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