



## YOUTH SAVINGS MEMBERSHIP APPLICATION FORM

### PERSONAL DETAILS

Please complete in BLOCK LETTERS

FULL NAME

CONTACT ADDRESS

GENDER: MALE  FEMALE  DATE OF BIRTH  /  /

PHONE NUMBER  /

EMAIL ADDRESS

PERMANENT ADDRESS: VILLAGE:  T/A:  DISTRICT:

ID TYPE:  ID NUMBER

(Valid ID required: National ID, Passport and Driver's License)

### MARITAL STATUS

MARRIED: YES  NO

NAME OF SPOUSE

PHONE NUMBER  /

CONTACT ADDRESS:

### OCCUPATION DETAILS

SALARIED  SELF-EMPLOYED  BUSINESS  STUDENT

OTHERS (please specify)

CONTACT ADDRESS: (Please provide Employer/School/Business Address)

MONTHLY DEPOSIT: FIXED K..... DEPOSITS K.....

### NORMINATED KINS (if there are more than one. Allocate the percentage)

NAME	DATE OF BIRTH	RELATIONSHIP	ALLOCATION (in percentage)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE  DATE:  /  / 20\_\_

### OFFICIAL USE ONLY

OPENED IN FIN BY:  SIGNATURE  DATE:   
CERTIFIED TO BE TRUE BY:  SIGNATURE  DATE:

ACCOUNT NUMBER: