



## Application For Savings Account

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

I hereby make an application for indicated saving(s) account and agree to conform to the SAVINGS ACCOUNT rules and any amendments thereof.

### A: APPLICANT DETAILS

As they appear on NRC

Full Names

NRC No

Occupation

Member No

Mobile No

Work Telephone

Email Address

### Tick (✓) Saving(s) Product Applied for:

	Savings Product	Lock in Period (Months/Years)	Amount
<input type="checkbox"/>	Emergency		
<input type="checkbox"/>	Education		
<input type="checkbox"/>	Retirement		
<input type="checkbox"/>	Money Market		
<input type="checkbox"/>	Vacation		

### C: NOMINATED NEXT OF KIN

I the undersigned, in the event of my death whilst a member of Nkwazi, hereby instruct the Society to transfer all benefits due to me less any debts to the Society, to the person(s) named in this section. The name(s) of nominee(s) can be given in sealed letter. I understand that I may alter the name of nominated next of kin by filling in a subsequent nominated next of kin form.

Nominated Next of Kin (Full Names)

Relationship

Mobile No

Address

Name of Witness

Witness Signature

Date

I hereby authorize you to transfer ZMW \_\_\_\_\_ per month/once off from my Nkwazi Ordinary Savings Account to my indicated savings account above with effect from \_\_\_\_\_ until further notice.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Use Only

Received by: \_\_\_\_\_ Date \_\_\_\_\_ Shares Available \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_ Approved by: \_\_\_\_\_