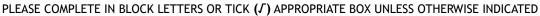
## **Application For Savings Account**





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 Tick (I) Saving(s) Product Applied for: NRC No Savings Product Lock in Period **Amount** (Months/Years) Occupation **Emergency** Education Member No Retirement Mobile No Money Market Vacation Work Telephone **Email Address** 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 Witness Signature Name of Witness Account to my indicated savings account above with effect from \_\_\_\_\_\_ per month/once off from my Nkwazi Ordinary Savings Applicant Signature: \_ Date: Official Use Only Received by: \_\_\_\_\_\_Date \_\_\_\_\_ Shares Available \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date \_\_\_\_ Approved by: \_\_\_\_\_