



FIXED DEPOSIT ACCOUNT OPENING FORM

DATE:

CUSTOMER INFORMATION

NAME:.....

ADDRESS:.....

E-MAIL ADDRESS:.....

TEL. NUMBER(S):.....

OCCUPATION:.....

MEANS OF ID:.....

UTILITY BILL :.....

NAME OF EMPLOYER (IF ANY) :.....

ADDRESS:.....

CORPORATE ACCOUNTS

RC NUMBER:

NAME OF DIRECTORS

- 1. 2.
- 3.
- 4.
-

NEXT OF KIN:.....

RELATIONSHIP:.....

NEXT OF KIN ADDRESS:.....

Term:.....Fixed Deposit Amount: N.....

Effective Date:..... Interest Rate: %.....

Maturity Date:..... Interest Accrued: N.....

Mode of Payment:..... Maturity Amount: N.....

Repayment A/C No.:.....

Kindly let us know your roll over instruction 14 days before maturity via mail or hard copy letter of instruction.

Signature:.....

Date:.....

FOR CUSTOMERS PAYING CASH ONLY

We acknowledge that I/We have deposited the sum of N.....
for opening a Fixed Deposit Account.

Signature:.....

Date:.....

FOR O3 CAPITAL LTD USE ONLY

ACCOUNT NO:..... RECEIPT

NO:.....

SET UP BY:.....

APPROVED BY:.....

DATE:.....