

APPLICATION FORM FOR VALENTINE SAVINGS

A) PERSONAL DETAILS

Tick as applicable (Mr/Mrs/Ms/Dr/Prof.)

Gender: Male ☐ Female ☐

Name: _____ Surname: _____

Date of Birth: _____

ID No: _____

Cell No: _____

Email Address: _____

Employer/ Organization: _____

Department: _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Postal Address: _____

Physical Address (Plot number, Street name & Ward)

B) Valentine Savings Amount: _____

N.B: This account is optional

Minimum savings per moth is P100.00

You will be entitled to a minimum interest rate of 10% per annum

**I hereby apply for Valentine savings account in your society and agree to abide
by the society's Bylaws and any amendment thereof.**

Date: _____ Signature of Applicant: _____