



PIKIN SAVINGS ACCOUNT

BRANCH: _____

DATE: DD/____ MM/____ YY/____

PIKIN Details

Surname _____

Other Name _____

Date of Birth: DD/____ MM/____ YY/____ Nationality: _____

Sex: Male Female Maturity Age: 16years 18years 21years

Mother's Maiden Name: _____

PARENT/GUARDIAN DETAILS:

Surname: _____

Other Names: _____

Sex: Male Female Date of Birth: DD/____ MM/____ YY/____

Nationality: _____ Occupation: _____

Employer _____

Home Address: _____

Email Address: _____ Tele No: _____

Marital Status: Married Single Divorced Separated

Surname: _____

Other Names: _____

Sex: Male Female Date of Birth: DD/____ MM/____ YY/____

Nationality: _____ Occupation: _____

Employer _____

Home Address: _____

Email Address: _____ Tele No: _____

Marital Status: Married Single Divorced Separated

OPERATOR OF ACCOUNT

Surname: _____ Other Names: _____

Relationship to child _____

Surname: _____ Other Names: _____

Relationship to child _____

MANDATE

I request the opening of a FIBPS account and confirm that the above information is true.

For official use only

Account relationship officer's approval
Signature _____

Approval / Disapproved
Date: _____