

## DAILY SAVINGS ACCOUNT OPENING FORM

Name and Surname:	<del></del>				1 1	<del>                                     </del>			<del></del>	
Date of Birth	P	Place of Birth: _								
Address:	P.O.Box:									
N.I.C N°:	Issued OnAt									
Tel	Email									
Signature of applicant:		-								
Source of income:										
		SCRIPTION FO								
								lder r the	of SMS	
Service. I therefore authorize U	JB FINANCE to take	all necessary c	lispositio	ns to er	nable me	enjoy th	nis servi	ce.		
SELECT PRODUCT TYPE	CC	ONTENTS			OF	TYPE ACCOUI	NT		TIC	
E- DAILY ACCOUNT						ay saving				
	SMS for every transaction			0		avings pl				ı
						9-				
	·L									
	APPLICA	ATION INFOR	MATION							
Name:										
Account No : Telephone/Mobile: Email										
ID Card No:				At:						
By giving the information abo									tions	
of this service as stated in the		rour wish to be	nient noi	11 (1115 50	er vice or i	trie terri	is aria c	Jorian	10115	
Signature					Date					
										7
	FOR AI	DMINISTRATI\	/E USE							J
Account number:		Account Na	me:							
Account opened date										
Opened by (Name, Signature	& Date)				Approva	l by (Nar	ne Siai	nature	e &	
Date)					Approval by (Name, Signature &					

Daily Savings Service Officer

General Manager