



# BOTSWANA SAVINGS BANK

**Accounts may be opened:**

- (a) By a person over the age of seven years, in his own name.
- (b) On behalf of a person under the age of seven years.
- (c) By a person as trustee for another.
- (d) By two or more persons, jointly, on their own behalf. See note 1 below
- (e) By trustees of any association, society, club or fund. } See note 1 below
- (f) By corporate bodies, business or partnerships. }

**DECLARATION BY A DEPOSITOR**

In terms of the Botswana Savings Bank Act, 1992 and the regulations made thereunder, as amended from time to time.

Any alteration to tide, signature or identification particulars will necessitate the completion of a fresh declaration

**(FOR OFFICIAL USE)**

OFFICE CODE

NEW ACCOUNT No.

Initial Deposit P..... Date.....

Date Stamp

NAMES IN FULL - (State Mr., Mrs. Or Miss) Please complete in block letters

Surname:.....

First Names:.....

Identity Particulars:.....

TELEPHONE NO., IF ANY.....

How did you know about this product?

Advertisement: Newspaper  Magazine  Radio  TV  Direct Mail Personal Contact  Phone Contact  Exhibition  Others.....

\*Attains the age of seven years on..... or

\*In trust for.....

**DETAILS OF PREVIOUS ACCOUNTS HELD WITH BSB:-**

1) Saving Accounts (Including closed accounts):

2) Loan Accounts (Including closed accounts):

Business/Postal Address.....

Occupation.....  
(Please complete in block letters)

Date of Birth.....

I/We the undersigned hereby declare to the Managing Director that I/We desire to make deposit in the Botswana Savings Bank in the names mentioned above, and that I/We hereby give my/our consent that the account be managed in accordance with the regulations and statutes governing the Botswana Savings Bank. Furthermore, I/We request the Managing Director to accept the signature(s) of:

\*SELF  
 \*BOTH (or ALL) of us  
 EITHER (or ANY) of us..... on all documents necessary for or Incidental to the operation of this account.

ANY..... of us.

Signature(s) of Depositor(s) or Officer(s) or Trustee(s) and / or Beneficiary  
 (1) .....  
 (2) .....  
 (3) .....

(1) .....  
 Surname and First names in block letters  
 Identity particulars.....  
 (2) .....  
 Surname and First names in block letters  
 Identity particulars.....  
 (3) .....  
 Surname and First names in block letters  
 Identity particulars.....

Note 1 - All parties to a Joint Accounts must sign:

Note 2 - Certified copies of Minutes and Resolution authorising opening of an Account with Botswana Savings Bank must be attached.

\*Delete whichever is inapplicable.

Witness this..... Day of..... 20.....

Signed in the presence of..... Name (Postal Services/BSB Counter Officer) Signature: Occupation.....

If depositor is unable to write, please complete the following certificate:

I, the undersigned, testify that the above declaration was read to the depositor in my presence and in my hearing, and that the depositor indicated that he understood the same.

..... Signature

**FOR HEAD OFFICE USE ONLY**

Applicant's Surname:..... Office Code:..... A/c No.:.....

First names:..... Identity:.....