



Account Number
Bank use Only

APPLICATION FORM

TYPE OF ACCOUNT:

Thobo Savings Account

Save-As-You-Earn

Tick

AMOUNT P
(In words)

COMMENCEMENT MONTH2004

PERSONAL DETAILS

Mr. / Mrs. / Miss/ Dr. (Tick as applicable)

Surname:

First Names:

Date of Birth:

Identification Number

Omang (citizens) /Passport (non citizens):.....

Employer:

Department Name

Department No

Occupation:

Salary Slip No

Postal Address:

.....
.....

Physical Address:

.....

Telephone:

Home:

Office:

Cell:

Fax

E-mail:

DETAILS OF NEXT OF KIN

Mr. /Mrs. /Miss. /Dr. (Tick as applicable)

Surname:

First Names:

Telephone: Home:

Office/Cell

DETAILS FOR DIRECT DEBIT (Standing Order Form)

I
employed at

.....
.....

hereby grant my employer the authority to deduct the monthly installments from my salary and remit them to Botswana Savings Bank for the credit of my THOBO Savings Account/ SAYE. I confirm that this order shall have authority for (12/24) months.

UNDERLYING OBLIGATION

I fully understand that I have an obligation during the period of12/24 months, not to withdraw from the scheme or reduce the agreed monthly savings deposit but I may increase the amount if I so wish.

Date:

Signature: