



TERM DEPOSITS APPLICATION FORM

FOR HEAD OFFICE USE ONLY											
Branch											
Account Number											
D											
Tax Identifier Number TIN											
<p>Is the customer an existing Fincorp client?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No											
<p>If 'Yes'. Please complete the following:</p>											
Customer ID No.											

CLIENT'S DETAILS

Account Name/Group/Company <i>The name(s) will appear on the certificate</i>	Last Name(s)			
	First Name(s)			
	Middle Name(s)			
Mailing Name and Postal Address <i>Name to be shown on statements and all correspondences</i>				
	Suburb or Town		Province	

Actual Address	Lot	Section	Street name
SECTION A – INDIVIDUAL DETAILS	Suburb or town		Province
Home Phone		Gender	M F Date of Birth
Work Phone		Marital Status	Single Married Other
Fax Number		No. of Dependents	
Mobile Phone			
Employer's name		Email Address	
Position		Work File No.	

SECTION B – SECOND CLIENTS INFORMATION

Office Address		Home Tel No.s (If different)	
Office Telephone No.s		Email Address	
Home Address (If different)			

SECTION C : INSTITUTIONAL DEPOSITS

Telephone Numbers	()	Ext.	Fax Number	()
Contact Person		Mobile Phone No	()	
Email Address		Web Address		
Nature of Business				

SECTION D: TERM DEPOSIT DETAILS

Type of Deposit	<input type="checkbox"/> Fixed Term <input type="checkbox"/> At Call Deposit				
Amount	K	Term	Days	Rate	%
Lodgment Date		Maturity Date:		Rate Approved by	
Type of payment please tick () One box and complete the following details:					
<input type="checkbox"/> Bank Cheque		<input type="checkbox"/> Cheque		<input type="checkbox"/> Direct Deposit	
Received by:		Banks Name		Banks Name	
Date received:		Cheque Dated		Branch Name	
Location:		Cheque Number		Cheque Number	
		Account Number		Date Deposited	

