



PRIMARY ACCOUNT HOLDER FORM

OFFICE USE ONLY
CIF NUMBER:

PLEASE COMPLETE THIS FORM FOR EVERY ACCOUNT OPENED

PRIMARY ACCOUNT HOLDER DETAILS

FIRST NAME SECOND NAME SURNAME

Please tick only one box

NEW CUSTOMER EXISTING CUSTOMER (If you are a new customer, please complete a CUSTOMER INFORMATION FORM.)

PRODUCT TYPE

PLUS SAVER ACCOUNT

ACCOUNT ACCESS METHOD

I hereby request that BSP allow me to access and operate my account identified below by the following access method(s) selected below.

Please tick the required new ACCESS METHOD(S) from the list below.

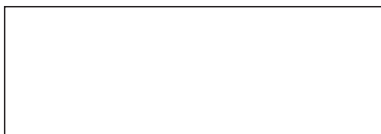
MOBILE BANKING

INTERNET BANKING

PRIMARY ACCOUNT HOLDER ACCEPTANCE OF TERMS & CONDITIONS

TERMS & CONDITIONS are available at the Branches upon request

I certify that the information contained in this form is true & accurate and accept BSP's Terms & Conditions which apply to my account(s) and transactions which I conduct on my account(s).

SIGNATURE : 

DATED : .. DD .. / .. MM .. / .. YY ..

If applicant is under 18 years of age (per bank's regulations), Parent/Guardian to fill in details below

FULL NAME: RELATIONSHIP TO CUSTOMER: SIGNED : DATED : .. DD .. / .. MM .. / .. YY ..

If applicant is illiterate, please note a secret name If Parent/Guardian is illiterate, please note a secret name

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- TELLER/CSO : I confirm that I have performed the following:
- Verified the Primary Account Holder's Details
 - Verified the Primary Account Holder's Signature where the customer is an existing one
 - If either of the above is illiterate, I have verified their Secret Name where the customer is an existing one
 - Provided the Primary Account Holder with all relevant Terms & Conditions

STAFF NUMBER: SIGNED : DATED : .. DD .. / .. MM .. / .. YY ..

AUTHORISING OFFICER :

STAFF NUMBER: SIGNED : DATED : .. DD .. / .. MM .. / .. YY ..

PRIMARY ACCOUNT HOLDER	
BRANCH NUMBER	<input type="text"/>
CUSTOMER SHORT NAME	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>