

SAVINGS ACCOUNT OPENING FORM

Name: _____

I/We hereby request and authorize Oceanic Bank to open a savings account in my/our name

I certify that the particulars in the mandate card are true and correct

I/we agree that

1. withdrawal can only be made by the Depositor in person
2. Oceanic Bank reserves the right to require any Depositor to close his account if in the opinion of the Bank, the account does not appear to be operated as a true savings account. The Bank also reserves the right to reduce the rate of interest on and to charge commission for keeping such accounts
3. Interest will be allowed at such rate and on such terms and conditions as the Bank shall from time to time stipulate.
4. the current rate can at all times be ascertained at the bank
5. The Bank should be notified of any change of civil status or address.
6. The Bank reserves the right to alter at any time without notice. The terms and conditions on which savings Accounts are conducted
7. Before I/we can withdraw/deposit **N1m** and above, I/we must identify my/our self with either of the following; Driver's license, International passport, National Identity card

Authorized signature & Date

Authorized signature & Date

Our Bank's Services: Please tick the additional services required by you

- | | | |
|--------------------------|--------------------------|----------------|
| Internet banking | <input type="checkbox"/> | |
| Oceanic Debit card (ATM) | <input type="checkbox"/> | |
| Valucard | <input type="checkbox"/> | |
| *Mobile banking | <input type="checkbox"/> | *GSM No. _____ |

*(This service can be rendered only for customers that have Debit card)

Authorization

I/we hereby request and authorize **Oceanic Bank** to issue me/us with the service(s) I/ we ticked. I /we also agree to the terms and conditions governing the service(s) and agree to be debited with any charge accompanying the services(s)

Authorized signature & Date

Authorized signature & Date

FOR OFFICIAL USE ONLY

Account Opened By -	CSO	_____
		Signature & Date

Account Verified by -	Head CSU	_____
		Signature & Date

Account Approved by-	HOPs	_____
		Signature & Date

SAVINGS ACCOUNT SPECIMEN SIGNATURE



DATE ACCOUNT OPENED _____

ACCOUNT NO _____				
Address(Business): _____				
Residential: _____				
Business/Occupation: _____				
E-Mail Address: _____		Date of Birth: _____		Tel: _____
Name	Specimen Signature	Photograph	Class	
JOINT ACCOUNT HOLDERS (Please Turn Over for signature Space)				

JOINT ACCOUNT HOLDERS (ADDITIONAL SPECIMEN SIGNATURE)

Name	Specimen Signature	Photograph	Class	
Name	Specimen Signature	Photograph	Class	
Name	Specimen Signature	Photograph	Class	
Mandate				
Signatories Authenticated by				