

Employer's Address:

Employer Phone Number:

Next of Kin

Full Name:

Relationship:

Residential:

Tel Business: Mobile:

Email:

Does next of kin bank with POSB? (please tick) Yes No

Accounts with Other Banks (if applicable)

Name of Bank	Account Number	Branch

Do you have another account with POSB? Yes No

Savings A/c No

FCA A/c No

COD A/c No

MARKETING CAMPAIGN

What initially motivated you to open a POSB account. (please tick):

Advertising:

Press Brochure Television Radio

Internet Outdoor/Billboard

Referral Full Name of Referrer

Other specify

SERVICES

SMS Alerts ATM Card Cellbank Internet Banking

Mobile number for SMS Alerts and Cellbank:

Internet Banking Registration Email:

Preferred Internet Banking User ID:

Wallet Banking Services: EcoCash OneMoney Telecash

Mobile Number to be registered:

