



SMART SAVE ACCOUNT OPENING FORM

Full Name:

Residential Address:

Date of Birth: /DD /MM /YY

Nationality:

Identity (ID)/Valid Passport Number:

Tel (Home): (Mobile): E-mail:

POSB A/C No.

Gender:

Please indicate your preferred minimum monthly savings

Please indicate the payment made for your monthly savings/deposits on the table below.

Payment Mode	Cash	<input type="checkbox"/>
(Please tick)	Automated Internal Transfer	<input type="checkbox"/>
	ZETTS Transfer (RTGS)	<input type="checkbox"/>

Terms & Conditions for the Smartsave Account

1. Initial deposit/minimum balance is \$10
2. Minimum monthly deposit is \$5
3. First Withdrawal after 3 months and a maximum of 4 withdrawals a year
4. No monthly maintenance/service fees

Declaration by Applicant

I agree to the Terms & Conditions for the Smart Save Account provided herewith, and agree to abide by them and such rules, which may come into force from time to time

Dated at this day of 20

Customer's Signature:

FOR OFFICIAL USE ONLY

Account Opened By: Name: Signature :

Authorised By: Name: Signature :

Account Number: Date Stamp