



**SMARTSAVE ACCOUNT OPENING FORM - CLUBS**

Name of Society/Club/Association:

Registered Address:

Telephone:  E-mail:   
 POSB A/C No (if applicable):

<b>Signatories:</b>			
Full Name	Identification Number	Residential Address	Signature
1			
2			
3			

Please indicate your preferred minimum monthly savings  \$

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

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

**Declaration by Applicant (s)**

I/We apply for the opening of an Account with POSB. I/We understand that the information given herein is the basis for opening such account and therefore warrant such information is correct.

I/We agree to be bound by the terms and conditions governing the operation of the Account as set out by POSB.

- |                   |                |           |
|-------------------|----------------|-----------|
| 1. Full Name..... | Signature..... | Date..... |
| 2. Full Name..... | Signature..... | Date..... |
| 3. Full Name..... | Signature..... | Date..... |

**FOR OFFICIAL USE ONLY**

Account Opened By:  Name:  Signature & Date:

Authorised By:  Name:  Signature & Date:

Account Number:  Date Stamp