RURAL BANK OF SASMUAN (PAMPANGA) INC.

SAVING'S ACCOUNT NO.

ACCOUNT NAME First Name Middle Name Surname

DATE OPENED

PRESENT/ADDRESS

TELEPHONE NO(S)

PERMANENT

The undersigned depositor (s) hereby establish (es) with SASBANK a deposit account subject to the terms and conditions stated in the passbook, New Accounts Record, and related information.

AUTHORIZED SIGNATURES (3 specimen signatures for each depositor.)

1 ____________ 2 ____________ 3 ____________

1 ____________ 2 ____________ 3 ____________

1 ____________ 2 ____________ 3 ____________

NO. OF SIGNATURES REQUIRED: ☐ Any One ☐ Any Two ☐ All

SIGNATURES AUTHENTICATED BY:

APPROVED BY

BENEFICIARY

NAME OF BENEFICIARY : ______________________________

PRESENT ADDRESS : ______________________________

DATE OF BIRTH : ______________________________

PLACE OF BIRTH : ______________________________

NATURE OF WORK/SOURCE OF FUND : ______________________________

	1	2	3
Occupation	....	....	....
Business/Employer	....	....	....
Civil Status	....	....	....
Name of Spouse	....	....	....
Nationality	....	....	....
Birthdate	....	....	....
Birthplace	....	....	....
TIN/GSIS/SSS	....	....	....
Others: I.D.'s	....	....	....