

Account Migration Form

The form should be completed in CAPITAL LETTERS.

Date:

EXISTING ACCOUNT INFORMATION

Title: Mr. ☐ Mrs. ☐ Other please specify.

Account Name:

Account Number: Existing Account Class:

Migrate to New Account Class (Tick as appropriate)

Standard Savings ☐ Current Account ☐ Fixed Deposit ☐

CUSTOMER INFORMATION (Please complete where information has changed)

Name:

Address:

Phone No.

E-mail:

Marital Status: Single ☐ Married ☐ Others please specify.

NEXT OF KIN

Name:

Gender: Male ☐ Female ☐

Address:

Phone No.

E-mail:

Customer Signature/Date

Customer Signature/Date

FOR OFFICIAL USE ONLY

Status of Existing Account: Documentation Complete ☐ Documentation Incomplete ☐

Customer ID

New Account Number:

Reviewed By: Name

Signature/Date

Approved By: Name

Signature/Date