



INVESTA ACCOUNT FORM		
INSTRUCTIONS (Tick as appropriate)		
Personal Corporate Group others		
Please open an investa account in my/our n	name:	
My/our Amica account number is	Branch:	
Operating Instructions:		
DECLARATION:		
I/Wedeclare by signing this form, that we have read and understood the terms and conditions of the investa account as set out in the overleaf; I/We shall also abide by Amica Savings & Credit rules and regulations.		
Name:	Signature:	Date D_D/M_M_/Y_Y_Y_Y
Name:	Signature:	Date <u>DD/MM_/_YYYY</u>
Name:	Signature:	Date <u>D_D/M_M/Y_Y_Y_Y</u>
Name:	Signature:	Date _D/MM_/_YYYY
OFFICIAL USE ONLY		
Verified by:		
	=	Date D_ /M_ M_ / Y_ Y_ Y_ Y
Confirmed By:		
Name:	Signature:	Date _D _D /M _M / _Y _Y _Y _Y
DEPOSIT TERMS AND CONDITION	NS	
	NS esta account application and explain our obligation	ns to you and your obligations to us.
	esta account application and explain our obligatio	ns to you and your obligations to us.
The conditions below relate specifically to Invei. The minimum amount must be maintain	esta account application and explain our obligationed as per Amica Savings & Credit policy. Basings & Credit and/or as dictated by external recognitions.	ns to you and your obligations to us. market forces or internal funding needs. The interest
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