

**FUTURES SAVINGS ACCOUNT**

INSTRUCTIONS *(Tick appropriately).*

Personal  Corporate  Group  Others (Specify) \_\_\_\_\_

Please open Futures Savings account in my/our name \_\_\_\_\_

Our/my Amican account number is \_\_\_\_\_ Branch: \_\_\_\_\_

Operating Instructions \_\_\_\_\_

**DECLARATION:**

I/We \_\_\_\_\_ declare by signing this form, that I/we have read and understood the terms and conditions of the Futures Savings account set out overleaf; I/we shall also abide by Amica Savings & Credit rules and regulations.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:       /       /            

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:       /       /            

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:       /       /            

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:       /       /            

**OFFICIAL USE ONLY**

Verified by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:       /       /            

Confirmed By: Name: \_\_\_\_\_ Signature/Stamp \_\_\_\_\_ Date:       /       /            

**FUTURES SAVINGS ACCOUNT TERMS AND CONDITIONS**

The conditions below relate specifically to Futures Savings account application and explain our obligations to you and your obligations to us.

- i. The agreed minimum deposit must be maintained at all times.
- ii. Interest on this savings account will be paid at the end of every financial year.
- iii. The interest earned will be credited into your Amican account.
- iv. This account shall be operated in accordance with Amica Savings & Credit policies.
- v. Withdrawal from this account will be limited to once after every three months. However, emergency withdrawals shall be allowed at a fee.
- vi. The savings deposits in this account shall attract interest at a rate determined by Amica Savings & Credit from time to time as dictated by external market forces or internal funding needs.
- vii. The account holder undertakes to provide Amica Savings & Credit with any information requested, which Amica Savings & Credit considers pertinent to this, or any other, facility at any time.
- viii. By signing this document, you authorize Amica Savings & Credit to obtain information from third parties for its own use.
- ix. Any case which is not covered by the above can be proposed to the Chief Executive Officer for consideration by the finance committee.

I/we have read the terms and conditions governing the operations of the Futures Savings Account with Amica Savings & Credit and agree to be bound by them.

Signature \_\_\_\_\_ Date       /       /            

Signature \_\_\_\_\_ Date       /       /            

Signature \_\_\_\_\_ Date       /       /            

Signature \_\_\_\_\_ Date       /       /            

