

BANK OF ABYSSINIA

A/c no. _____

Date: _____

SPECIAL SAVINGS ACCOUNT OPENING FORM

APPLICANT (FULL NAME) : _____

Foreign Address : _____

P. O. Box _____ **Telephone:** _____

City _____ **Country:** _____

Local Address : Town _____ **Woreda** _____ **Kebele** _____ **H. No.** _____

P. O. Box _____ **Telephone :** _____

Nationality _____ **Initial Deposit** _____

Passport No. _____

Identification No. _____

Place Of Issue _____ **Date Of Issue** _____

Issuing Authority _____

Remarks _____

Customer Signature

Account Opening Clerk

Approved By