



Account Number: .....

Date opened: .....

Authorized by: .....

To PABC Bank ..... Branch

## APPLICATION TO OPEN A LAHIRU<sup>+</sup> ACCOUNT

PLEASE OPEN A LAHIRU<sup>+</sup> SAVINGS ACCOUNT FOR THE MINOR AS NOTED HEREUNDER

Name of Child: .....

Date of Birth: .....

Address of Child: .....

Name of School (if applicable) ..... Grade: .....

Name of Parent/Guardian: .....

Telephone Number (Residence): .....

National Identity Card Number of Parent/Guardian: .....

I confirm that the account is being opened by me for the above named minor in the capacity as the minor's Parent/Guardian. Withdrawals will not be made until the minor attains the age of 18 years.

Yours faithfully,

.....  
Signature of Parent/ Guardian



*At Your Service*