



ED HOMES

HOMES SAVINGS ACCOUNT (HSA) OPENING FORM

NAME TITLE

ADDRESS

DATE OF BIRTH PHONE NO.

E-MAIL ADDRESS

AGE DATE OF EMPLOYMENT

PROPOSED DATE OF RETIREMENT

PLACE OF WORK

DCC, DEPT., INSTITUTE

DATE OF COMMENCEMENT OF SAVINGS

Percentage of Savings (Not below 40% of monthly rent subsidy but up to 100%)

SIGNATURE OF ACCOUNT HOLDER

FORM OF IDENTIFICATION

Driver's Licence National ID Card International Passport

OTHERS (SPECIFY) ID/PASSPORT NUMBER

NAME OF NEXT OF KIN (NOK)

ADDRESS OF NEXT OF KIN (NOK)

RELATIONSHIP PHONE NO.

E-MAIL ADDRESS

FOR OFFICIAL USE ONLY

FORM CROSS-CHECKED

HSA NUMBER ALLOCATED

REMARK

OFFICER SIGN