Form A

LIST OF TEACHERS / OTHER PERSONNEL FOR ACCOUNT OPENING

_____ District

_____ School

Division Code Number	Station Code Number	Employee Number	Name of Employee / Teacher (First Name [Space] Surname)	Account Number (to be filled by the bank)

Prepared by:

_____

(Signature above printed name)
SCHOOL PRINCIPAL

Verified Correct by:

_____

(Signature above printed name)
Schools Division Superintendent

This Portion to be accomplished after account opening

Account Number Certified by:

_____

(Signature above printed name)
ATM Servicing Branch MANAGER

Conforme:

_____

(Signature above printed name)