Confidential

Microfinance Bank

AFFIX

ACCOUNT OPENING FORMS	PASSPORT PHOTOGRAPH
ACCOUNT No.(for official use only) CUSTOMER ID.(for official use only)	HERE
BRANCH	
Account Type: Current Savings Fixed Deposit Account Category: Corporate	Individual Joint
Account Name:	
This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following	
1. PERSONAL DETAILS (Please complete in BLOCKED LETTERS and tick where necessar	ry)
Title Surname U	
First Name	
Other Name(s)	
	Gender F M
Marital Status (Please tick) Single Married Other (please specify) Date of Birth	DAY MONTH YEAR
BVN TIN number	
Place of Birth NIMC	
Nationality Dual Citizenship Yes No Plea	se State:
State of Origin LGA	
2. CONTACT DETAILS	
House No. Street Name	
Nearest Bus Stop/	
Landmark	
City/Town	
Local Govt. Area State Peligion	
Home Town Religion (optional)	
Phone Number 1 Phone Number 2	
Email Address Optional)	
3. EMPLOYMENT DETAILS	
Employed Self Unemployed Retired Student Other (please specify) Employed	DAY MONTH YEAR
Employer's Name (if employed)	
Employer's/Employment Address (Even if self employed)	
Street number Street Name	
City/Town	
Nearest Bus Stop/ Landmark	
Local Govt. Area State	
Nature of Business/ Occupation	
Office Phone Number Fax Number	0

4. DETAILS OF NEXT OF	KIN				
Title Su First Name Other Name(s) Relationship Phone Number House Number	Irname Gender F M Date of Birth OAY MONTH YEAR Street Name				
Nearest Bus Stop 5. SPECIMEN SIGNATUR	<u> </u>				
Title (Mr, Mrs etc) Name Designation Signature Title (Mr, Mrs etc) Name Designation Signature Title (Mr, Mrs etc) Name Designation Signature Authorised Combination	Signatory Type Photograph Company Seal/Stamp required YES NO				
(For Joint Account Holders) (Specify Company Seal/Stamp if required)					
6 E-CHANNEL CARDS (Charges Apply) Verve Debit Card Master Card NGN	INTERNET BANKING ALERTS OTHERS Enquiry Only SMS Alert (Charges Apply) Fmail Statement Statement				
Statement Preference: Email Collection at Branch Statement Frequency: Monthly Quarterly Semi-Annually Annually Cheque Book Requisition:(Fees Apply) Opened Cheque Crossed Cheque 50 Leaves 100 Leaves					

ACCOUNT OPENING (FOR BANK USE ONLY)

S/N	DOCUMENT OBTAINED	REQUIRED DATE	DATE RECEIVED	N.A
1	Collection of Account Opening Forms			
2	Submission of Account Opening Forms			
3	Identification			
	(a.) Notary's Certificate			
	(b.) International Passport			
	(c.) Drivers' Licence			
	(d.) National ID Card			
4	Verification of Signature			
5	Signature Cards			
6	Passport Photographs			
7	Waived Documentation			
8	What Document is Deffered			
9	Deferral Period			
10	KYC Form			
11	Utility Bill / Receipt			
12	Search Report			
13	Address Verification Form			
	Account Officer		b.	
Name	ē:	Sign:	Date:	
		Sign:	Date:	
	Customer Service Officer			
Open	ed by:	Sign:	Date:	
Busin	ess	Sign	Date:	
Mana		Şign:	Date:	
Appro	oved By	Sign:	Date:	
	wed By:	, Sign:	Date:	