

AWKUZU MICROFINANCE BANK LTD

ACCOUNT OPENING FORM

Affix passport

ACCOUNT INFORMATION

TYPE OF ACCOUNT: Savings Current Daily Savings Others specify

Individual Joint Corporate

Account Name:

Sources of Fund: Salary Pension Business Turnover Others

BVN: Account No:

PERSONAL INFORMATION

Title: Gender: Male Female Marital Status: Single Married Others: _____

Surname: First Name:

Middle Name: Religion:

Date of Birth: State Of Origin: Home Town:

Permanent Home Address:

L.G.A: Means of Identification: Int'l Passport Driver's License National I.D

Others Issuing Authority: I.D Issue Date: I.D Number:

Residential Address:

Property Type: Rented Official: Family House: Owner Occupier:

Email Address: Phone Number:

Mother's Maiden Name:

Landmark: Place of Birth:

Test Question:

Test Answer:

OTHER INFORMATION

Are you Politically Exposed? Yes No

Are you a Foreigner? Yes No If yes, State the Country _____

No. of Dependants:

Are you physically challenged? Yes No

Is this your first time Opening account here? Yes No If No, state the account number _____

Annual Income: N

WORK INFORMATION

Occupation:

Employer's Name:

Address:

L.G.A:

State:

NEXT OF KIN INFORMATION

Name:

(Surname)

(First Name)

(Middle Name)

Relationship:

Residential Address:

Phone Number:

LGA:

State:

UTILITY INFORMATION

Name on Utility:

Address on Utility:

Date on Utility:

Customer Declaration

I/We hereby apply for the opening of account(s) with Awkuzu MFB Ltd.

I/We understand that the information given herein and the documents supplied are the basis for the opening such account(s) and therefore warrant that such information is correct.

Signature/Date

Signature/Date

OFFICIAL USE

Officer
Name

.....
Signature

Head of Operations
Name

.....
Signature