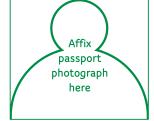


ISUOFIA MICROFINANCE BANK LTD. HEAD OFFICE: EKWUSIGO PARK, ISUOFIA, AGUATA L.G.A, ANAMBRA STATE.



APPLICATION TO OPEN AN INDIVIDUAL ACCOUNT

BRANCH			
ACCOUNT No. (for official use	only) CUSTOM	MER ID (for offic	cial use only) BIOMETRIC ID No.
Account Category: Individu	ıal Account	Joint Acco	count
Account Type: Curren	t	Saving	
This form should be completed in CAPITAL LE	TTERS using BLACK INK.	. Characters and marks	cs should be similar in style to the following(A B C)
PERSONAL DETAILS (Plea	ise complete	in BLOCKE	D LETTERS and tick where necessary)
Title Surna	me		
First Name			
Other Name(s)			
Mother's Maiden Name			Gender: F M
Marital Status (Please tick) Singl	2 Married		Other (please specify) Date of Birth D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Place of Birth			
Nationality			Dual Citizenship Yes No Please State
State of Origin			LGA
Tax Identification Number (TIN) (If available			Resident Permit No.
Resident Permit Issue Date	M M Y Y	YY	Resident Permit Expiry Date
Purpose of Account			
CONTACT DETAILS			
House Number		Street Name	
Nearest Bus Stop/ Landmark			
City/Town			
Local Govt. Area			State
Phone Number 1			Phone Number 2
Email Address (Optional)			
ACCOUNT SERVICE(S) REQUIRE Services	ED (Please tick o	<u> </u>	heque Book (fees apply) Alert
Interactive Voice Recording (IVR)		erve	25 Leaves (Only for Dom A/C) SMS (Fees apply) Credit Only Debit Only Both
Mobile Banking	Na	aira MasterCard	50 Leaves Email (free)
Internet Banking	Vis		Statement Frequency (Email Only) Monthly Quarterly Semi Annually
			Closed Open Monthly Quartery Serial Armaday

National ID Card National Driver's License International Passport INEC Voter's Card Vother (please specify) ID No. ID Issue Date ID ISSUE Date ID Expiry Date ID Expiry Date CHEQUE CONFIRMATION THRESHOLD You will be required to pre-confirm any cheque of N1.000.000 and above. If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e. threshold above N1.000.000) EMPLOYMENT DETAILS Employed Self Employed Unemployed Retired Student Other (Please specify) Date of Employenint (if employed) Annual Salary/ Expected Annual Income Annual Salary/ Expected Annual Income Annual Salary (Expected Annual
ID No. ID Issue Date N. M. YYYYY ID Expiry Date D. M. M. YYYYYY CHEQUE CONFIRMATION THRESHOLD You will be required to pre-confirm any cheque of NI,000,000 and above. If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e. threshold above NI,000,000) EMPLOYMENT DETAILS EMPLoyMENT DETAILS Date of Employed Self Employed Unemployed Retired Student Other (Please specify) Date of Employment (if employed) Annual Salary/ Expected Annual Income Annual Salary: Less than N50,000 N51,000 - N250,000 N251,000 - N500,000 N501,000 - Less than N1million N5million - Less than N10million - Less than N20million Above N20million Employer's Name Street Name Street Name Employer's Name Street Name Street Name Employer's Femploment Address (Even if self employed) Street Number Street Name Employer's Femploment Address (Even if self employed) Street Number Street Name
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Nearest Bus Stop/ Landmark
Nearest Bus Stop/ Landmark
Landmark Landmark
Local Govt. Area
Nature of Business/ Occupation
Office Phone Number Fax Number
DETAILS OF NEXT OF KIN
Surname
First Name
Other Name(s)
Date of Birth Gender: F M
Mobile Number Relationship
House Number Street Name
Nearest Bus Stop
City/Town
Email Address

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		3.																																
Type of Business																																		
Business Address																																		Ι
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ISUOFIA MICROFINANCE BANK LTD.

RC: 288085

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INDIVIDUAL ACCOUNT MANDATE

Account Type	Savings	Curre	ent		
Account Name					
Mandate/combination Rule	Sole Signa	atory	Both to Sign	Either to Sign	
SIGNATORY DETAILS					
Name of Signatory	Surname		Firstname	Other Name	
Type of Identification	National ID	Na	tional Driver's L	_icense Int'l Passpo	ort
	INCE Voter			Others (please specify)	
Identification No.				Affix	!
Signature				passport photograph here	
Date	D D M M	YYY	/ Y		
ADDITIONAL SIGNATORY					
Name of Signatory					
Type of Identification	Surname National ID		Firstname tional Driver's L	Other Name License Int'l Passpo Others	ort
Identification No.	INCE Voter	's Card		(please specify)	
Signature				Affix passport photograph	
Date	D D M M	YY	YY	here	
FOR OFFICIAL USE ONLY					
Authorising officer's Name					
Authorising officer's Signature)			D D M M Y Y Y	