

Account Opening Form



OLD
SHOREHAM
Microfinance Bank

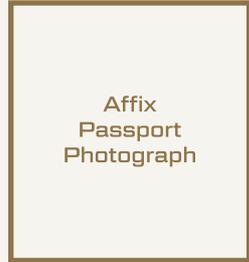
Account Opening Form

Old Shoreham

INDIVIDUAL ACCOUNT OPENING FORM

Please Select The Desired Type Of Account:

High Interest Savings Account	<input type="checkbox"/>	Fixed Deposit Account	<input type="checkbox"/>	Class:	
Savings Account	<input type="checkbox"/>	Corporate Savings Account	<input type="checkbox"/>	Micro	<input type="checkbox"/>
Current Account	<input type="checkbox"/>	Salary Savings Account	<input type="checkbox"/>	SME	<input type="checkbox"/>
Daily Contributions Account	<input type="checkbox"/>			Medium	<input type="checkbox"/>
				High Network	<input type="checkbox"/>



ACCOUNT OPENING REQUIREMENT

- | | |
|---|---|
| 1. Duly Signed Signature Cards | 4. Duly Completed Reference Forms (Excluding Savings Account) |
| 2. Two Passport Photographs Of Each Signatory | 5. Utility Bill e.g. Electricity, Water, Telephone; Or Rental Receipt |
| 3. Identification Document | 6. Resident Permit (Foreigners Only) |

CUSTOMER INFORMATION

Account Name <small>(Applicable Only To Joint Account)</small>			
Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>
	Master <input type="checkbox"/>	Others <input type="checkbox"/>	<small>(Please Specify)</small>
Name Surname		First Name	Middle Name
Mother's Maiden Name			
Residential Address			
Mailing Address		BVN	NIN
Date Of Birth		Nationality	
State of Origin	HOMETOWN		L.G.A
Next Of Kin: Name		Address	
Relationship	Gender	Phone Number	
Name Of Employer (if any)			
Business/Occupation		Phone Number	
Address Of Employer/Business			
Annual Income (₦,000) 251-1,000 <input type="checkbox"/> 1,001-5000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-50,000 <input type="checkbox"/> 50,001+ <input type="checkbox"/>			
Office Phone	Home Phone	Mobile Phone	Email Address
Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>		If "Married" Name Of Spouse	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Wedding Anniversary Date DD MM YY		Form Of Identification <input type="checkbox"/> Int'l Passport <input type="checkbox"/> National ID <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Voter's Card <input type="checkbox"/> Others (Specify)
Are you a Politically exposed person (PEP) <input type="checkbox"/> or related to a Politically exposed person (PEP) <input type="checkbox"/>		Number	
Signature & Date		Date Of Issuance	
		Expiry Date	
		DD MM YY DD MM YY	
		Issuing Authority	

FOR BANK USE ONLY

Documents Obtained

Completed Signature Card (2)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Deferred	A Passport Photographs Of Each Signatory	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Deferred
Reference Forms (2)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Deferred	Identification Document	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Deferred
Utility Bills	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Deferred	Visitation Conducted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Deferred
Resident Permit (For Foreigners)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Deferred	Others.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Deferred

Account Opened By:	CSO's Name	Signature & Date	
Account Authorised By:		Signature & Date	
Deferral/Waiver Authorised By:		Signature & Date	
	Account Officer's Name	Signature & Date	

Account Opening Form

Old Shoreham

Date:.....

To: The Manager
Old Shoreham Microfinance Bank Ltd.
16 Burma Road, Apapa, Lagos.

CUSTOMER PLEDGE AND CONFIDENTIAL NOTE

This form is confidential, Private and intended for you only.

I..... hereby exonerate the bank from any loss of cash lodgement or remittance made through persons who purport to be acting on your behalf as representatives, if I fail to report to you of my non receipt of SMS alerts confirming such payment or lodgement after 24 hours of lodgement.

I am aware that the bank in compliance with the above, will not accept responsibility for any loss or damages incurred or suffered as a result of my failure to report to the Head of Operation or Risk or Customer service officer of your Bank after 24 hours from the date of the purported payment or lodgement.

I hereby agree that I will exercise due caution and abide by my pledge as stated above.

Name:.....

Signature:.....Telephone:.....

Transaction Notification SMS (fees apply) [] E-mail [] Non []

- Know Your Customer Form (KYC)
1. Client's Name:.....
2. Line of Business:.....
3. Business Address:.....
4. Proof of Business Address:.....
5. Residential Address:.....
6. Proof of Residence:.....
7. Visit to Resident: Yes [] No []
8. Type of Building:.....
9. Colour of Building:.....
10. Major Landmark to Residence:.....
11. Neighbourhood Confirmation:.....

BANK OFFICER'S SHORT COMMENT (ON VISITATION CALL)
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.....
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.....
.....
Bank Officer Name:.....
Signature:.....
Date:.....



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