

Customer Data

Surname _____ Middle Name _____ First Name _____

Residential Address (Not P.O.Box) _____

Mailing Address _____

DD MM YYYY M F

Date of Birth _____ Sex _____ Religion _____

Mother's Maiden Name _____ Nationality _____ State of Origin _____

Guardian Information

Please insert recent passport photograph here

MINOR

Please insert recent passport photograph here

GUARDIAN

Name of Parent/Guardian _____ Relationship _____ Telephone Number _____

Address of Parent/Guardian (If different from above) _____

Mother's Maiden Name _____ Nationality _____ State of Origin _____ Occupation _____

M S Others DD MM YYYY M F

Marital Status _____ Date of Birth _____ Sex _____ E-mail Address _____

Form of Identification Int'l Passport National ID Drivers Licence Others (Specify) _____

Phone Number (Mobile) _____ Phone Number (Office) _____ Signature/Date _____

2nd Signatory (If Applicable)

Name of Parent/Guardian _____ Relationship _____

Address of Parent/Guardian (If different from above) _____

Telephone Number _____ E-mail Address _____

Mother's Maiden Name _____ Nationality _____ State of Origin _____ Occupation _____

M S Others DD MM YYYY M F

Form of Identification Int'l Passport National ID Drivers Licence Others (Specify) _____

Phone Number (Mobile) _____ Phone Number (Office) _____ Signature/Date _____

Please insert recent passport photograph here

I hereby authorize the activation of the following for the operation of my account
 Please tick interest SMS Alert ATM

DECLARATION

I/We understand that any information given overleaf is the basis for opening such account and therefore warrant that such information is correct.

I/We agree to be bound by the terms and conditions governing the operations of the account.

Signature/Date

Affix Stamp

Signature/Date

Affix Stamp

To Finatrust Microfinance Bank

I/WE HEREBY REQUEST AND AUTHORISE YOU TO

Open an account in my/our name and at any time subsequently to open further account as I/WE may direct.

Honour all cheques or other orders which may be drawn on the said account provided such Cheques or orders are signed by me/us and to debit such cheques or order to the said account Whether such account be for the time being in credit or overdrawn or may become overdrawn In consequence of such debit without prejudice to your right to refuse to allow any overdraft

Or increase of overdraft and in consideration, I/We agree

(a) To assume full responsibility for the genuineness of correctness and validity of

Endorsements appearing on all cheques, orders, bills, notes, negotiable instruments, Receipts and/or other documents deposited in my account.

(b) To be responsible for the payment of any overdraft with interest and to comply and be Bound by the banks rule of conduct of a Current Account receipt of which I/We hereby Acknowledge.

(c) To free the bank from any responsibility any loss or damage to funds Deposited with the Bank due to any future government order, law, lavy,tax,embago and/or All other causes beyond the bank's control.

(d) That all funds standing to my/our credit are payable on the demand only in such local currency as may be in circulation.

(e) To be bound by any notification of charge in conditions governing the account directed to my/our last known address and any notice or letter sent to my/our last known address shall be considered as duly delivered and received by me/us at the time it will be delivered in the ordinary course of post.

(f) That if a cheque credited to my/our individual current account is returned Dishonoured, the same may be transmitted to me/us through my/our last known address Either by the bearer or by post.

(a) And I/We note that the Bank will accept no liability whatsoever for funds handed to Members of staff outside the banks premises.

(b) That my/our attention been drawn to the necessity of safeguarding my/our cheques book so That unauthorized persons are unable to gain access to it and to the fact that neglect of this Precaution may be a ground for any consequential loss being charged to my/our account.

(c) That the bank is under no obligation to honour any cheques drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques and I/We understand and agree that any such cheque may be returned to me/us unpaid but if paid, I/We are obliged to repay the Bank on Demand.

(d) That any disagreement with entries on my/our Bank Statement will be made by me/us within 15days of the dispatch of the bank statement. Falling receipt by the bank of a notice of disagreement of entries within 15 days from the date of dispatch of my/our Bank Statement as rendered is correct.

(e) That any sum standing to the debit of the current account shall bear interest charges at the Rate fixed by the bank from time to time. The bank is authorized to debit from the account the Usual banking charges, interest, commissions and any service charge set by the management From time to time.

3/We also agree that in addition to any general to lien or similar right to which you as bankers may be Entitled by law you may at any time without notice to me/us combine or consolidate all or any of My/our accounts without any liabilities to you and set off or transfer any sum or sums standing To the credit of anyone or more of such accounts or any other credit, be it cash, cheques, valuables Deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect whether such liabilities be actual or contingents, primary or colleral and several or joint.

Dated _____ day of _____ year _____

Signature (over stamp)

Name

Surname

Middle Name

First Name

Address

FOR BANK USE ONLY

DOCUMENTS OBTAINED

Completed Signatory Card (1)

Yes Deferred Waived

Reference Forms (2)

Yes Deferred Waived

Utility Bills

Yes Deferred Waived

A passport Photograph of each Signatory
Identification Document
Know You Customer (KYC)

Yes Deferred Waived

Yes Deferred Waived

Yes Deferred Waived

Others _____

DOCUMENTATION CHECKED

TCCU _____

Signature & Date

DEFERAL/WAIVES OF DOCUMENTS AUTHORISED

Name _____ Signature & Date _____

ACCOUNT OPENING AUTHORISED

Account Officer _____

Signature & Date

Head of Operations _____

Signature & Date _____