

FINATRUST MICROFINANCE BANK

FIXED DEPOSIT ACCOUNT

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**PASSPORT
PHOTOGRAPH**

DATE A/C OPENED:	
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ACCOUNT NAME:

ADDRESS:

TELEPHONE:

NAME (IN FULL)	SIGNATURE (S)

FOR BANK USE ONLY

(ACCT OFFICER SIGNATURE)	CSO SIGNATURE/DATE	APPROVAL(HOPS)/DATE

DECLARATION: I apply for the opening of a Fixed Deposit Account with FinaTrust Microfinance Bank. I understand that the information given herein is the basis of opening the account and therefore warrant that such information is correct. I agree to be bound by the terms and conditions governing the operation of the account.

CUSTOMER SIGNATURE: _____ **DATE:** _____

