

IHIALA MICROFINANCE BANK.

SAVING ACCOUNT OPENING FORM (INDIVIDUAL)

A.PERSONAL INFORMATION

(Please fill in capital feters)

Please Affix
your current
passport

TITLE: SURNAME:.....

FIRST NAME:..... OTHER NAME(S):.....

MARITAL STATUS: SINGLE MARRIED OTHERS

Please tick "✓"as appropriate

GENDER: MALE FEMALE DATE OF BIRTH

PLACE OF BIRTH:..... Mother's Maiden Name:.....

PERMANENT ADDRESS

Compound:..... Kindred:.....

Landmark/Bustop:.....Town/Village:.....

L. G. A.of Origin:.....State of Origin:.....

MEANS OF IDENTIFICATION

Please tick "✓"as appropriate

Driver's Licence:.....International Passport:.....National ID Card:.....

Voter's Card:.....IDNo:..... DateIssued:.....IDExpiryDate:.....

Bank Verification Number (BVN):.....

Occupation:.....

Employer/Business Address:.....

Status Job Title:.....

RESIDENTIAL ADDRESS

House/Plot Number:.....Street Name:.....

Nearest Bustop/Landmark:.....City/Town Name:.....

L.G.A.:.....State:.....

E-mail Address:.....Phone No:.....

"B"

DETAILS OF NEXT OF KIN

Name:.....

Address:.....

Phone No:.....

Relationship:.....

I hereby attest that the above information is true and complete.

Specimen Signature



Date:.....

C

OFFICIAL USE ONLY

Initial Deposit:.....

Account Opened By:.....

Account Number:.....

Account Opening Authorized By:.....

Signature:.....Date:.....