



RC: 7226288

UMUNRI
MICROFINANCE BANK LTD.NO. 1, CIVIC CENTRE COMPLEX,
ENUGWU-UKWU, ANAMBRA STATE.**KYC (KNOW YOUR CUSTOMER) & LOCATION IDENTIFICATION FORM****TO BE FILLED BY ACCOUNT OFFICER**

Account Name: _____

(Surname First if Individual or Registered Name if Corporate)

Phone Number: _____ E-mail: _____

Address (Not P.O. Box): _____

(Residential Address if Individual or Registered Address if Corporate)

Occupation/Nature of Business: _____

Date of Birth/Registration: _____ RC No: _____

Means of identification: Drivers Licence No: _____ Int'l Passport No: _____ National ID Card No: _____

Tax ID Number

Voters Card

Other

Date of Issuance/Incorporation: _____ (DD/MM/YYYY)

Expiry Date: _____ (DD/MM/YYYY)

Country of issuance: _____

Account Officer: _____

Date & time of Visit _____

Description of Residence/Business Premises/Office: _____

Landmark: _____

Visit Carried Out By: _____ Signature & Date: _____

Relationship Officer: _____

Name

Signature & Date:

Evaluation of customer Risk (A) High..... (b) Medium..... (c) Low

Sources of Income (Please Specify)

Salary.....

Trade/Investment.....

Retirement Benefit/Gratuity.....

Others (Please Specify).....



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ACCOUNT OPENING FORM

(Corporate/ Club/ Group/ Joint)

Passport	Passport
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BANK USECustomer's Account Number **SELECT THE DESIRED ACCOUNT**Corporate
AccountSole
Proprietor/
PartnershipAssociation/
ClubGovt Min/
AgencyOthers
(Specify)

Account Name _____

LINE OF BUSINESS

Business/Occupation _____

Address _____

Rc. No.

Reg. Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address _____

City _____ State _____ Office Tel _____

Mobile No. _____ Email _____

Permanent Address (Not P.O. Box) _____

City _____ State _____ Office Tel _____

E-BANKING

*Access to e-banking services (please tick one or multiple options as required and sign the terms and conditions attached)
ATM services is available to individual and joint account holder only

ATM ☐ SMS ☐ UMUNRI MOBILE ☐ ONLINE INTERNET BANKING ☐**STATEMENT OF ACCOUNT
PRINTOUT DELIVERY CHANNEL**

Please indicate how you want your account statement delivered

Via email ☐ On Request ☐ No Statement ☐Frequency for Current Account: Monthly (free) ☐ Weekly ☐ Daily ☐ Hold Statement (free) ☐

(Request for weekly or daily statement of account for current account will attract a fee)

ACCOUNT OPENING FORM

FOR OFFICIAL USE

Date _____

TYPE OF ACCOUNT

Customer ID No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICE USE ONLY

	Required	Not Required	Deferred/Date	Signature
1. Visitation report and KYC form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Two Specimen signature cards duly completed by each signatory to the account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Individuals means of identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Two independent and satisfactory references	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Two clear identical passport photographs of each signatory with the name and signature written on the reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Certificate of incorporation/registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Memo and articles of association [certified true copies by the registrar of companies, CAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Partnership agreement/deed certified as a true copy by each partner [where applicable]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Copy of rules/constitution/act certified as a true copy by the President/Chairman or Secretary of the Club/Association/Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Application for registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Form Co7 [CAC 2.3]; particulars of directors certified by the registrar of companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Satisfactory evidence of identify of the Chairman/Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Board resolution on company letterhead with company seal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Utility bill [PHCN, NITEL, WATER BIL] rental receipt or lease agreement issued by reputable estate agent or tax clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Letter of administration/Will for account of the estate of a deceased]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(If referee maintain account with Umunri, the account must be at least 6 months old, for corporate account both referees must be corporate account holder, and for individual current account, two referees are needed(either corporate or individual))

Name

Date

Signature

Documents Received By: _____

Approval to Open: _____

Opened By: _____

Verified By: _____

Documentation Confirmed _____

Completed By RM

Does the customer have any previous account with Bank Yes _____ No _____



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ENUGWU-UKWU, ANAMBRA STATE.**REFERENCE FORM****"CAUTION"**
It is not advisable to
introduce a person not
well known to you

The Managing Director,
Umunri Microfinance Bank Limited,
_____ Branch

Name of Applicant

I/We wish to confirm that the above name Company/Individual is/are suitable to maintain a current account with you.

The Applicant(s) Signs Thus _____

And I/We witness The Signature(s) As Being Correct.

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No.: _____

Yours faithfully,

Signature: _____ Date: _____

Name: _____

Address: _____

Phone No.(s): _____



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The Applicant(s) Signs Thus _____

And I/We witness The Signature(s) As Being Correct.

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No.: _____

Yours faithfully,

Signature: _____ Date: _____

Name: _____

Address: _____

Phone No.(s): _____

PERSONAL INFORMATION OF ACCOUNT SIGNATORIES

The following personal information is to enable us build a strong relationship with our individual and corporate account holders. The data will also enable us complete a robust database for future account relationship management. Each signatory to an account is required to complete this form

Account Name

1. Title Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Other [Please Specify] ☐ Gender: Male ☐ Female ☐

Name: First _____ Middle _____ Last. _____

2. Nationality _____ Religion: Christian ☐ Muslim ☐ Other (Please Specify) ☐

3. ID Type _____ ID Number _____ Date Issued _____

Expiring Date _____ Place Issue _____

4 State of Origin _____ LGA _____

5. Residential Address _____

6. Mailing address _____

7. Residential Tel _____ Mobile Tel _____

8 Email address _____ BVN _____

9. Occupation _____ Self Employed _____

10. Employer _____

11. Business address _____

12. Preferred Means Of Communication Email _____ Phone _____

13. Marital Status Single ☐ Married ☐ Widowed ☐ Divorced ☐

Next of kin

Name

Address

Phone number

1. _____

2. Relationship _____

14. Please give the following info as applicable. _____

Mother's maiden name _____

Wife's Maiden name _____ Nickname _____

Customer signature _____

Thank you for completing this data form-please feel free to attach assistance information you consider relevant

PERSONAL INFORMATION OF ACCOUNT SIGNATORIES

The following personal information is to enable us build a strong relationship with our individual and corporate account holders. The data will also enable us complete a robust database for future account relationship management. Each signatory to an account is required to complete this form

Account Name

1. Title Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Other [Please Specify] ☐ Gender: Male ☐ Female ☐

Name: First _____ Middle _____ Last. _____

2. Nationality _____ Religion: Christian ☐ Muslim ☐ Other (Please Specify) ☐

3. ID Type _____ ID Number _____ Date Issued _____

Expiring Date _____ Place Issue _____

4 State of Origin _____ LGA _____

5. Residential Address _____

6. Mailing address _____

7. Residential Tel _____ Mobile Tel _____

8 Email address _____ BVN _____

9. Occupation _____ Self Employed _____

10. Employer _____

11. Business address _____

12. Preferred Means Of Communication Email _____ Phone _____

Next of kin

Phone number

2. Relationship _____

Customer signature _____

PERSONAL INFORMATION OF ACCOUNT SIGNATORIES

Account Name

Next of kin

Phone number

2. Relationship _____

Customer signature _____

SPECIMEN SIGNATURE CARD

NAME IN FULL

SPECIMEN SIGNATURE

3. _____

Applies To Accounts

I/we agree to the following terms & conditions:

1. APPOINTMENTS

That Umunri Microfinance Bank Ltd [herein after called "the Bank"] be and is hereby appointed Bankers to [herein after called the customer]

2. DEPOSIT AND WITHDRAWAL

That the officers and agents of the customer be and are hereby authorized to deposit any of the funds of the customer In the Bank

That until further order, any funds of this company deposited in the Bank be subject to withdrawal or change at any time and from time to time upon cheques, notes, drafts, bills of exchange, acceptances, undertaking, or other instruments or orders for the payment of money when made, signed, drawn, accepted or endorsed on behalf of this company.

That the Bank be instructed to discount and or negotiate for this company / individual any bills or other commercial papers provided they have been endorsed on behalf of the company

That the Bank be indemnified for loss it may reasonably incur in the course of honouring all or any of the above instructions.

3. CONSOLIDATION OF ACCOUNTS AND SET-OFF

That the company agrees that in addition to general lien or similar right to which the Bank as Bankers may be entitled by the law the Bank may at any time and without notice to the company combine or consolidate all or any of the company's accounts with any liabilities to the Bank and set-off or transfer any sum or sums standing to the credit of anyone or more of such accounts including but not limited to cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to the company with the Bank in or towards satisfaction of any of The company's liabilities to the bank or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral and several or joint the company's account\with any liabilities to the Bank and set-off or transfer any sum or sums standing to the credit of anyone or more of such accounts including but not limited to cash, cheques, valuables. Deposit securities, negotiable instruments or other assets belonging to the company with the Bank in or towards satisfaction of any of the company's liabilities to the bank or any other account or in any other 'respect, whether such liabilities be actual or contingent, primary or collateral and several or joint.

4. LOAN, CREDIT AND SECURITY

[A] That the company be and is hereby authorised to borrow money or be granted other credit facilities with or without security from time to time.

[B] Where required to grant security interest in and or pledge or assign and deliver, as security For money borrowed or credit obtained, stocks, bonds instruction, bills receivable, accounts, mortgages merchandise, bill-of-lading, warehouse receipts and other document insurance policies, certificates and any other property now or hereafter held by or belonging to this company, with full authority to endorse, assign or guarantee any of the same in the name of this company.

5. COVENANT
That the company covenants with the Bank as follows:
[A] To comply with and be bound by the guidelines for the time being and from time to time in force governing current account.
[B] That all funds. Standing to the credit of the company's account shall be payable only on demand in writing.
[C] That it is not in default of any obligation whatsoever and or is not in default of its memorandum and articles of association.
[D] That it will safeguard it's cheque book[s] [if any] so that unauthorized persons are unable to gain access to it. In event of which the company's account may be debited with any consequential loss arising from there. We agree that any disagreements with entries on our Bank statements will be made to the Bank within 10(ten) working days of the date of dispatch of the statement failing which it will be assumed that the statement rendered is correct.
6. INDEMNITY
[A] That the company hereby undertakes and agrees to indemnify the Bank upon demand in writing by the Bank through its representatives for any loss it may incur in the event that the customers cheque is returned unpaid by the paying Bank and also will pay interest at prevalent rate in the event that the customer has drawn on account before the cheque is returned unpaid, and to provide the Bank with a replacement cheque not later than three working days after the date of service of notice of cheque's return .
[B] this indemnity is to be a continuing security for each clearing cheque deposited by the Customer.
7. COST OF SEARCH
We hereby authorize the Bank to debit our current account for the cost of search carried out on the company at the corporate affairs commission.
8. AUTHORISED SIGNATORIES
That until the Bank receives any written notice by way of the company's resolution to the contrary, the Bank is instructed to honour signature [s] appearing on the signature card for all purposes on the company's account.
9. COMMUNICATION OF RESOLUTION
That these resolutions be communicated to the Bank by its submission and it shall remain in force until duly rescinded and notice thereof in writing given to the Bank by the chairman or secretary of this company.
10. DOCUMENTATION
That the documents required by the Bank to facilitate the opening and or operation of the account be furnished and as and when necessary such documents as may be required to reflect any changes therein.
- Signed by us, the same having previously been entered in minutes books, and signed therein by the chairman and secretary.

I/We have read and understood the attached Bank account terms and condition. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time.

Signature and Acceptance

Authorised Signatory

Authorised Signatory

Authorised Signatory

MANDATE AND RESOLUTIONS

Pursuant to this application, a meeting of the Board of Directors of the Company was held and it was resolved and declared that a current account be opened with Umunri Microfinance Bank Ltd. ("the Bank") and the Bank is hereby authorized to honor the instructions of the persons whose signatures are contained in the specimen signature card delivered to the Bank.

The Company shall give notice of any anomalies in statements furnished by the Bank within 90 days of the date thereof the failure of which absolves the Bank from all liabilities thereof. It was further resolved that the Bank may combine or consolidate all or any of the Company's accounts and set off or transfer any sums or asset standing to the credit of or one more of such accounts towards the satisfactions of the Company's liabilities to the Bank.

The persons, whose signatures appear below, one of whom is a Director of the Company, have been duly authorized to mandate the opening of the account. The information provided for the opening of this account is true and correct in all material respect.

Dated this _____ day of _____ Date _____
CERTIFIED TRUE COPY

Name: _____ Name: _____

Designation: _____ Designation: _____

Signature: _____ Signature: _____

Individual Savings Account Form

RC: 7226288

**UMUNRI**
MICROFINANCE BANK LTD.NO. 1, CIVIC CENTRE COMPLEX,
ENUGWU-UKWU, ANAMBRA STATE.SAVINGS ☐ FIXED DEPOSIT ☐ TARGET SAVINGS ☐**PERSONAL INFORMATION:**Account No.: Title Surname: Other names: Marital Status: Single ☐ Married ☐ Widowed ☐ GENDER: MALE ☐ FEMALE ☐Residential address (not P.O. Box): LANDMARK Home Town: Landmark Telephone
Mobile: 2nd Phone no: Home: E-mail: Date of Birth: Nationality: Place of Birth: BVN State of origin: Local Govt. Area: Tax Identification No: NOTIFICATION: SMS ☐ E-MAIL ☐ID Type: International Passport ☐ Driver's licence ☐ National ID ☐ Voter's Card ☐ Others ☐
(Please specify)ID No: Date Issued: Place of Issue: Expiring date Issuing Authority: Name of first child: First child's date of birth: Mother's maiden name: Spouse's name: **WORK INFORMATION**Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Others ☐ Please specify Business/ Occupation: Business/Employer's name: Business/Employer's address: Date of Employment: Annual income N: Other Bank A/c: A/C. No: **UTILITY BILL: Name on Utility Bill** Address: Date: Kindly issue a withdrawal booklet and debit my account ☐ Signature:

Specimen Signature (For mandate purposes) Please sign in black ink within the box:

Passport
Photograph

Next of Kin

Name: _____

Relationship _____ Mobile No: _____

Contact Address: _____

Documents Required To Open Your Account:

1. One passport photograph of each signatory showing full face forward, indicating full names duly signed at the back
2. Identification document for each signatory e.g. International passport, National Drivers license, etc. Please bring along the original for sighting.
3. Copy of a utility bill issued within the last three months. Please bring along originals for sighting.
4. Two Reference forms duly completed by an individual or a corporate body maintaining a current account with a bank in Nigeria. (Applicable to current account only)

Declaration:

I hereby apply for the opening of account(s) with Umunri Microfinance Bank Ltd. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and therefore warrant that such information is correct.

I have read the terms and conditions governing the operations of the account(s) which are presented overleaf and agree to be bound by them.

Signature

Date

--	--

--	--

--	--	--	--

Day Month Year

FOR OFFICIAL USE ONLY

A/C MANAGER'S NAME:

A/C OPENED BY:

C/S OFFICER

SIGN & DATE

APPROVED BY:

(HEAD OPERATIONS)

SIGN & DATE

Individual Current Account Form

PERSONAL INFORMATION:



RC: 7226288

UMUNRI
MICROFINANCE BANK LTD.

**NO. 1, CIVIC CENTRE COMPLEX,
ENUGWU-UKWU, ANAMBRA STATE.**

Account No.:

Title	Surname: _____
-------	----------------

Other names: _____

Marital Status: Single ☐ Married ☐ Widowed ☐ GENDER: MALE ☐ FEMALE ☐

Residential address (not P.O. Box):_____

_____ **LANDMARK** _____

Home Town: _____ Landmark _____

Telephone _____
Mobile: _____ 2nd Phone no: _____ Home: _____

E-mail: _____

Date of Birth:

--	--

--	--

--	--	--	--

Day Month Year

Nationality: _____

Place of Birth:_____ **BVN** _____

State of origin: _____ Local Govt. Area: _____

Tax Identification No: _____ **NOTIFICATION: SMS** ☐ **E-MAIL** ☐

ID Type: International Passport ☐ Driver's licence ☐ National ID ☐ Voter's Card ☐ Others ☐
(Please specify)

ID No: _____ Date Issued:

--	--

--	--

--	--	--	--

 Place of Issue: _____

Expiring date

--	--

--	--

--	--	--	--

 Day Month Year

Issuing Authority: _____

Name of first child: _____ First child's date of birth: _____

Mother's maiden name: _____ **Spouse's name:** _____

WORK INFORMATION

Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Others ☐ Please specify _____

Business/ Occupation: _____

Business/Employer's name: _____

Business/Employer's address: _____

Date of Employment:

--	--	--	--	--	--	--

Day Month Year

Annual income N: _____

Other Bank A/c. _____

A/C. No: _____

UTILITY BILL: Name on Utility Bill _____

Address: _____

Date: _____

Kindly issue a Cheque book and debit my account ☐ Signature:_____

Next of Kin

Name: _____

Relationship _____ Mobile No: _____

Contact Address: _____

Specimen Signature (For mandate purposes) Please sign in black ink within the box:

Passport
Photograph

Documents Required To Open Your Account:

1. Deposit Amount
2. One passport photograph showing full face forward, indicating full names duly signed at the back
3. Identification document for each signatory e.g. International passport, National Drivers license, etc. Please bring along the original for sighting.
4. Copy of a utility bill issued within the last three months. Please bring along originals for sighting.
5. Two Reference forms duly completed by an individual or a corporate body maintaining a current account with a bank in Nigeria. (Applicable to current account only)

Declaration:

I hereby apply for the opening of account(s) with Umunri Microfinance Bank Ltd. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and therefore warrant that such information is correct.

I have read the terms and conditions governing the operations of the account(s) which are presented overleaf and agree to be bound by them.

Signature

Date

--	--

--	--

--	--	--	--

Day Month Year

FOR OFFICIAL USE ONLY

A/C MANAGER'S NAME:

A/C OPENED BY:

C/S OFFICER

SIGN & DATE

APPROVED BY:

(HEAD OPERATIONS)

SIGN & DATE



RC: 7226288

UMUNRI
MICROFINANCE BANK LTD.NO. 1, CIVIC CENTRE COMPLEX,
ENUGWU-UKWU, ANAMBRA STATE.**REFERENCE FORM****"CAUTION"**
It is not advisable to
introduce a person not
well known to you

The Managing Director,
Umunri Microfinance Bank Limited,
_____ Branch

Name of Applicant

I/We wish to confirm that the above name Company/Individual is/are suitable to maintain a current account with you.

The Applicant(s) Signs Thus _____

And I/We witness The Signature(s) As Being Correct.

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No.: _____

Yours faithfully,

Signature: _____ Date: _____

Name: _____

Address: _____

Phone No.(s): _____



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The Applicant(s) Signs Thus _____

And I/We witness The Signature(s) As Being Correct.

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No.: _____

Yours faithfully,

Signature: _____ Date: _____

Name: _____

Address: _____

Phone No.(s): _____



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MICROFINANCE BANK LTD.NO. 1, CIVIC CENTRE COMPLEX,
ENUGWU-UKWU, ANAMBRA STATE.**KYC (KNOW YOUR CUSTOMER) & LOCATION IDENTIFICATION FORM****TO BE FILLED BY ACCOUNT OFFICER**

Account Name: _____

(Surname First if Individual or Registered Name if Corporate)

Phone Number: _____ E-mail: _____

Address (Not P.O. Box): _____

(Residential Address if Individual or Registered Address if Corporate)

Occupation/Nature of Business: _____

Date of Birth/Registration: _____ RC No: _____

Means of identification: Drivers Licence No: _____ Int'l Passport No: _____ National ID Card No: _____

Tax ID Number

Voters Card

Other

Date of Issuance/Incorporation: _____ (DD/MM/YYYY)

Expiry Date: _____ (DD/MM/YYYY)

Country of issuance: _____

Account Officer: _____

Date & time of Visit _____

Description of Residence/Business Premises/Office: _____

Landmark: _____

Visit Carried Out By: _____ Signature & Date: _____

Relationship Officer: _____

Name

Signature & Date:

Evaluation of customer Risk (A) High..... (b) Medium..... (c) Low

Sources of Income (Please Specify)

Salary.....

Trade/Investment.....

Retirement Benefit/Gratuity.....

Others (Please Specify).....