

Individual Current Account Form

RC: 7226288

**UMUNRI**
MICROFINANCE BANK LTD.NO. 1, CIVIC CENTRE COMPLEX,
ENUGWU-UKWU, ANAMBRA STATE.

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:
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:
Day Month Year 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:
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



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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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Signature: _____

Date: _____

Name: _____

Address: _____

Phone No.(s): _____



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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).....