

ACCOUNT OPENING FORM RETAIL PRODUCTS OF AL-HAYAT MFB LIMITED

AMB 009



RC 1137627

AL-HAYAT
MICROFINANCE BANK LTD.

22, Ibadan Road Ijebu-Ode, Ogun State.

AL - HAYAT GET GROWING (AGG)

ACCOUNT OPENING FORM

Name: _____
Surname Other Names Title

Residential Address: _____

Occupation: _____

Date of Birth: _____ Place of Birth _____

Mother Maiden Name: _____ BVN _____

Correspondence Address: _____

_____ ID Card Type _____ ID Card Number _____

State of Origin _____ L.G.A. _____

Telephone: _____
Mobile Office Home

Type of Retail Savings Account: (Please mark the type of account(s) you want to open)

Al-Hayat Get Growing Account ☐ Gold ☐ Silver ☐ Bronze

Initial Deposit N K

Please sign in black ink within the box

Signature (For mandate purpose)

Next of kin:

Name: _____

Relationship: _____ Telephone No: _____

ACCOUNT OPENING FORM RETAIL PRODUCTS OF AL-HAYAT MFB LIMITED

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Contact Address: _____

Terms and Conditions:

- * That the Account must be opened with
- * Two (2) Passport Photographs, indicating customer's full name and signature at the back
- * Identification Document for the Signatory, e.g. National Identity Card, Driver Licence, Voter's Card, etc. (Original to be sighted)
- * Copy of Residential Utility Bill like or Electricity Bill, (Original copy to be sighted)
- * The AGG Account attract Monthly Service Charges
- * That the Bank is authorized to debit the account(s) the usual banking charges, interest, commissions, and any service charge set by the Bank from time to time.
- * That the Customer bears full responsibility for the genuineness, correctness and validity of all documents relating to the account(s).
- * That the Bank will accept nor responsibility or liability whatsoever for funds handed to members of staff without any evidence of collection like signed deposit slip.
- * That in addition to any general lien or similar right to which you as Banker may be entitled by law, you may at any given to time without notice to me combiner or v consolidate all or any of my accounts with the liabilities to you and set off or transfer any sum of sums standing to the credit of any one or more of such accounts belonging to me towards the satisfaction of any of my liabilities to you or any other account be actual or contingent, primary or collateral and several or joint.

Declaration:

_____ hereby apply for the opening of account(s) with Al-Hayat Microfinance Bank Limited. I understand that the information give here in and the documents supplied are the basic 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) and agree to be bound by them.

Signature

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Day

--	--

Month

--	--	--	--

Year

OFFICE USE ONLY

Account Opened By _____
Account Officer

Signature / Date

Account Officer _____
Customer Relations Officer

Signature / Date

Signature / Date _____
Head of Operations

Signature / Date

Account Number Generated

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Remarks By Head, Credit / Marketing

MIS _____
Signature / Date



AL-HAYAT MICROFINANCE BANK LIMITED

22, IBADAN ROAD, IJEBU-ODE, OGUN STATE.

ACCOUNT OPENING FORM ON KYC/SITE VISITATION

NAME:.....

DATE:.....

ACCOUNT NUMBER:.....

SEX:.....

ADDRESS:.....

.....

OCCUPATION:.....

COMPANY:

SEARCH SENT ON:.....

SEARCH CONFIRMED ON:.....BY:.....

COMMENT/OBSERVATION:.....

.....

NAME OF NEXT OF KIN:.....RELATIONSHIP.....

ADDRESS:.....

PHONE:.....

BUSINESS/OFFICE DESCRIPTION:.....

.....

.....

NEAREST BUS STOP/LANDMARK.....

HOME DESCRIPTION:.....

.....

.....

PHONE NO:.....

.....

CUSTOMER SIGNATURE

ARE YOU CONVINCED THAT CUSTOMER RESIDES/OPERATES AT THE ABOVE ADDRESS?

YES ☐ NO ☐

DID YOU MEET THE CUSTOMER AT THE ADDRESS? YES ☐ NO ☐

IF NO, GIVE REASON:.....

I CONFIRM THAT I PERSONALLY VISITED THE ABOVE STATED CUSTOMERS ADDRESS
AND THAT ALL INFORMATION PROVIDED ARE TO THE BEST OF MY KNOWLEDGE TRUE.

.....
ACCOUNT OFFICER'S NAME, SIGNATURE & DATE

FOR OFFICE USE ONLY

CORPORATE ACCOUNT HOLDERS ONLY

AUTHENTICATED BY HOP

NAME:..... SIGNATURE:.....

CHEQUE BOOK ISSUED ON:.....

SERIAL NO OF CHEQUE BOOK ISSUE:.....

MD/CEO APPROVAL/COMMENTS:.....

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NOTA BENE (NB):

IT IS UNETHICAL TO FALSIFY CUSTOMER'S VISITATION REPORT. THIS COULD LEAD TO
TERMINATION OF APPOINTMENT AND CRIMINAL PROSECUTION!!!