

Mandate Card

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Stam Signi	p/Seal Required Y/N Date A/C Opened: ng Instruction/Mandate HOP Initial/Date	<u> </u>	CRO Initial Date: Scanned/Uplooad by:

Account Opening Form

MADEN NAME (IF APPLICABLE)



ACCOUNT NO:	
ACCOUNT TYPE Please tick	e e
INDIVIDUAL	
	DRSHIP / REGISTERED BUSINESS NAME
	CIATIONS/RELIGIOUS ORGANIZATIONS
	INISTRIES/PARASTATALS
	specify)
•	
ACCOUNT SERVICE (S) REQUIRED Please tick	The Allest House Court C
E-Statement Internet Banking Telephone Banking Transa	action Alert through SMS E-mail
GUIDELINES ON ACCOUNT OPENING	
Thank you for choosing Al-Hayat Microfinance Bank Ltd, please fill all the	e required information below
BASIC REQUIREMENT	
 Please complete all the relevant portions of the Account Opening Form and the enclosed mandate cards 	C. PARTNERSHIP
Insert your company name on the two reference forms enclosed and get an individual or corporate account Holder for companies maintain a	Copy of partnership deed (notarized). Certified true copy of certificate of registration
current account with any (Al-Hayat Microfinance Bank Account Holder) or	 Partnership resolution authorizing the opening of the account and
other banks in Nigeria to act as referees. Referees must not be officers or Directors of the company or related companies or Staff of Al-Hayat	nominating signatories to the account D. GOVERNMENT MINISTRIES & PARASTATALS
Microfinance Bank Ltd. 3. A valid means of identification (i.e) Voters Card Al-Hayat Identification	Approval letter from the relevant accountant-general authorising the opening
Card produced by NEC, (National Identity Card/International Passport/Drivers License) of each account signatories.	of the account and nominated signatories to the account 2. Copy of the gazette establishing the ministry or parastatals.
4. Utility Bill e.g. Electricity, water, telephone	3. Mandate card signed by the authorised signatories and endorsed by
5. Resident/work/business permit (where applicable)	accountant - general. 4. Letter from the Governor / Minister / Commissioner / Director General / Local
ADDITIONAL REQUIREMENTS FOR SPECIFIC ACCOUNTS	Government Chairman / Secretary. / Sole Adminstrator (whichever is
A. LIMITED LIABILITY COMPANY	applicable) authorising the opening of this account with the nominated signatories to the account
1. Supply the under listed documents along with completed application	E. TRUSTEES
package for corporate. Please bring along the original document for sighting.	 Copy of Constitution / Trust Deeds (certified true copy for incorporated trustees)
 Photocopy of Certificate of Incorporation of you company. 	2. Copy of certificate of registration (for incorporated trustees)
Certified true copy of Certificate of Memorandum of Association Certified true copy of Form Co7 (Particulars of Directors) and Co2	Copy of particulars of trustees (where applicable) Resolution authorising the opening of the account and the nominated
(Allotment of Shares). D. Board Resolution authorizing the opening of the Account with the	signatories to the account. 5. Identification for both the Settler and Trustee/Copy of documents setting up
nominated signatories. This MUST be duly signed by a Director and	the Trust.
Secretary (for public company)/Two (2) directors for private companies, and should be on the letter head of the company	F. ASSOCIATIONS/RELIGIOUS ORGANISATION
executed under the seal. E. Certificate of Exemption from using "Limited" after name where	Copy of constitutions (certified true copy for incorporated trustees)
applicable.	2. Copy of certificate of registration
B. REGISTERED BUSINESS NAME/SOLE PROPRIETORSHIP	Resolution authorizing the opening of the account and the nominated signatories to the account.
Certified true copy of application form for registration of business.	4. Copy of Bye Laws of the association
 Certified true copy of Certificate of Registration of a business Name; 	G. SOCIETIES AND CLUBS
	Copy of Constitution, rules and regulations. Resolution authorising the opening of the account and the nominated
	signatories to the account.
PERSONAL DETAILS (INDIVIDUAL)	Signature:
TITLE MR. MRS. MISS.	DR. PROF. OTHER
IVIA. IVIAS. IVIAS.	DR. PROF. OTHER
SURNAME	
FIRST NAME	
other NAME	

Corporate Form



MEANS OF IDENTIFICATION																						
INTERNATIONAL PASSPORT N	ATIONAL	DRIVE	RS LICE	NSE		NATIO	NAL	VOT	ERS (CARD		AL-H	AYAT	ID C	ARD		N	ATIC	NAL	ID C	ARD	
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ID N°		SSUE D	ATE								E	KPIRY	DAT	EL								
							Tax	paye	er N° (F APPLIC	ABLE)			3 1			1	П				
Occupation																						
EMPLOYER'S NAME					П			П														
EMPLOYER'S ADDRESS					П																	
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MOTHER'S MAIDEN																						
		e Chair	43		51 THE								ME		64		4					
SPOUSE'S SURNAME (IFAPPLICABLE)																						
SPOUSE'S (other NAME)																					\perp	
APPLICANT'S DETAILS FOR CORRES	SPONDEN	CE																				
RESIDENTIAL ADDRESS (Specify Town, City, Country)									I				I									
E-mail				I		I			I			I	I							I	I	
Telephone No				T				Miot	ile No													
Fax No				Ī		T																
Applicant's other details			A D											W.	Į.							
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Corporate Form



NOTE: Please Original documents must be presented for sighting LIMITED LIABILITY COMPANY PARTNERSHIP SOCIETIES AND CLUBS SOLE PROPRIETORSHIP / REGISTERED BUSINESS NAME TRUSTEES/ASSOCIATIONS/RELIGIOUS ORGANIZATIONS OTHERS (please specify) NAME OF COMPANY / ORGANIZATION: STATUS OF COMPANY: Holding Subsidiary Not applicable DATE OF INCORPORATION: REGISTRATION /R.C NO: BUSINESS ADDRESS/REGISTERED ADDRESS: (Not P.O. Box please) MAILING / CORRESPONDENCE ADDRESS: FOREIGN ADDRESS (If any): L.G.A. (For Pub. Org.): STATE (For Pub. Org): ___ FAX NO: ____ TELEPHONE NO: ____ E-MAIL: ___ ESTIMATED ANNUAL TURNOVER: NATURE OF BUSINESS / ACTIVITY: SUBSIDIARIES / BODIES MOBILE NO (S) NAME JOB TITLE/POST E-MAIL ADDRESS 2 3 **BANK NAME ADDRESS ACCOUNT NOS** 2 4 BOARD RESOLUTION AND MANDATE FOR CORPORATE ONLY Pursuant to this application, a meeting of the Board of Directors (hereinafter referred to as "the company") was held on the)_ and it was resolved and declared that Al-Hayat Microfinance Bank Ltd (hereafter called "the Bank") is hereby authorized to: Open any or all of the account(s) indicated herein in our name now and at any time subsequently as we may direct. Honour all cheques or other orders which may be drawn on the said account(s), provided such cheques or orders are signed by the person(s) whose signature(s) is/ are contained in the signature / mandate card delivered to the Bank and to debit such account(s) cheques or orders to the said account whether such account(s) be, for the time being, in credit or overdrawn or may become overdrawn in consequences of such debit without prejudice to the Bank's right to refuse to allow overdraft or increase of overdraft in accordance to the signing instruction. In consideration thereof, we agree: To assume full responsibility fro the genuineness or and validity of all cheques, orders, bills, notes, negotiable instruments, receipts and / or other documents including endorsement appearing on the same, deposited in or drawn on in respect of our account(s) with the Bank. To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for conduct of savings, current, domiciliary and other account(s) as may be determined by the Bank from time to time.

That the Bank may debit the account(s) with usual banking charges, interest, commission, and fees as may be determined by the Bank from time to time.

To free the bank from the responsibility of payment for any loss of or diminution of funds or damage to instruments or documents deposited with the Bank due to any Government order, law, levy, tax, embargo, moratorium, exchange, restriction and / or all other causes beyond the bank's control

That our attention has been drawn to the necessity of safe guarding our chequebook so that unauthorized persons are unable to gain access to it.

Corporate Form



Neglect of this precaution will be a ground for any consequential loss being charged to our account.

- That the Bank is under no obligation to honour any cheques drawn on the account(s) unless there sufficient and un-impaired funds in the account to cover the value of the said cheques. We understand and agree that such cheques may be returned to us unpaid, but if paid, we are obligated to repay the Bank the principal amount together with the interests and /or charges that the Bank may prescribe.
- To be bound by any notification of any changes in conditions governing the account directed to our last known address and any notice or letter sent to our last known address shall be considered as duly delivered and received three business days after dispatch of same by ordinary pre-paid post or on the date endorsed on the proof of delivery if delivered by courier services / hand delivery.
- That no notice which may be given to the bank by us shall be binding upon the Bank until it shall have been received by the Bank and sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means the Bank may deem appropriate to notify the concerned/affected department offices, branches and correspondents.
- That any disagreement with entries on our Bank statements will be made in writing by us within 30 days of dispatch of the statement, falling which it will be concluded that the statement as rendered is correct and same shall no longer be disputable, except in case of manifest errors.
- That if any entry is made in our account(s) in error, the Bank is entitled to dishonour cheques drawn upon such incorrect entry whether or not drawn
 in good faith and without any notice or error and whether the error has been corrected or not, and the bank is entitled to reverse such incorrect entry
 without any liability on its part.
- That the Bank may at any time in its discretion close the account(s) and discharge all liabilities with respect to the account(s) by hand delivery or by mailing to us by courier services a Bank draft in the currency of the account without recourse to the Bank as drawer, payable to our order in the amount of the then credit balance in the account(s) less fees, charges or commission to which you may be entitled by law or by any agreement between us and the Bank together with such other documents, if any, as may be necessary in your sole discretion, to transfer to us.
- That the Bank will not be liable whatsoever for funds handed to members of the staff outside banking hours or outside the Bank's premises
- That in addition to any general lien or right to which the Bank as bankers may be entitled by law, the Bank may at any time and without notice to us combine or consolidate all or any of our accounts without liability to you and set off or transfer any sum or sums standing to our credit in any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with the bank or in any other respect whether such liabilities be actual or contingent, primary collateral and several or joint.
- To indemnify the Bank against any loss, damage, expense, or claim it may be occasioned on the account(s) or by reason of opening the said account(s) or by reason of the falsehood or inaccuracy of any statement information or representation made to the Bank except those losses. Damages, expenses or claims directly resulting from the acts, defaults or gross negligence of the Bank.
- To indemnify the Bank against any loss, damage, fraud, or claims that occur from the use of any telephone number, fax number or email address supplied in this form or subsequently by me/us whether for the purpose of issuing instructions, receiving/sending account information or indeed any transaction related to this account.
- To affirm and undertake that all the documents used in opening the account(s) are genuine and we will indemnify the Bank if at any time it is shown otherwise and we will further liable for any wrong that may be occasioned thereby. This indemnity to you shall be continuing and shall not be withdrawn by us so long as we maintain this account with the bank
- That the operation of the account(s) is subject to laws and regulations at any time existing in the Federal Republic of Nigeria, and to be bound by the terms and conditions governing the operation of the account(s) as may be determined by the Bank from time to time.

We declare that all the information given for the purpose of opening the account(s) are true and accurate, and certify that the above particulars are correct and agree that they and the information given herein form the basis of banking relationship with Al-Hayat Microfinance Bank Ltd. We hereby request the opening of an account with Al-Hayat Microfinance Bank Ltd.

	NAME	TITLE	SIGNATURE	CATEGORY
1				
2				
3				
4				
SOLE	E PROPRIETORSHIP/PA	TNERSHIP/SOCIETIES & CLU	BS	
BUSIN	IESS NAME		NATURE OF BUSINESS	
REGIS	STRATION N°		TAX PAYER Nº (IF APPLICABLE)	
Payme	ent method Cash	Cheque Transfe	er Amount	
DECLA	ARATION			
Al-Hay	rat Micro Finance Bank Account a	s contained herein, and also the accompan	e account I have also fully read and understood the nying booklet as applicable to be bound by all terms le your services to me in line with the above inform	s and conditions as applicable to the banking
Signati	ure			

Lagree to abide by the contents of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter



AUTHORISED SIGNATORY DATA

Name:	al .	(Surname)	(First Name)	(Middle Name)	
Residential Address	T.	(surround)	,		
Date of Birth (DD/MM/YY)	Place of Birth	State of Origin	Local Govt Area	Nationality	Religion
Gender M F	Business/Oc	cupation	Mothers Maide	n's Name:	
Phone Numbers (1)	Land:	(2) Mobile/GSM:		Email:	
Address:					
Means of Identificat	ion: Int'l Passi	oort National ID	Driver's License	Others (specify)	
Issuing Authority (FR	ISC, FGN, etc)	ID Number	Issue Date	Expirity Date DD	
				Visa Issued (DD/MM/YY)_	- 1
		Reside			
AUTHORISED SIG	NATORY DATA				
Name:		(Surname)	(First Name)	(Middle Name)	
Residential Address		(surrunte)	(risi realis)	(mass name)	
Date of Birth (DD/MM/YY)	Place of Birth	State of Origin	Local Govt Area	Nationality	Religion
Gender M F	Business/Oc	cupation	Mothers Maide	en's Name:	
				Email:	
Address:					
Means of Identificat	tion: Int'l Pass	port National ID	Driver's License	Others (specify)	
Issuing Authority (FR	RSC, FGN, etc)	ID Number	Issue Date	Expirity Date	
				Visa Issued (DD/MM/YY)_	11 I
	,				
AUTHORISED SIG	NATORY DATA				
Name:			Water Street Co.		
Residential Address	7.5	(Surname)	(First Name)	(Middle Name)	
		State of Origin	Local Govt Area	Nationality	Religion
Gender M F	Business/Oc	cupation	Mothers Maide	en's Name:	
Phone Numbers (1)	Land:	(2) Mobile/GSM:		Email:	
Address:			~		
Means of Identificat	tion: Int'l Pass	port National ID	Driver's License	Others (specify)	
	- CONTRACTOR OF THE CONTRACTOR	Charles and the second	Issue Date	Expirity Date	
	ONLY Arrival Date (DI		Visa Number	Visa Issued (DD/MM/YY)_	MM YY
	/MM/YY)	Carrier Carrier	ent /Work Permit Number:		



MONTHLY ACCOUNT STATEMENT	SMS - ALERT		E-STATEME	ENT
DEBIT CARD	CHEQUE BOX	ок	Standing Or	rder
DISPATCH MODE FOR CORRESPONDE	NCE AND STATEMENTS	POST	HOLD	SPECIAL DELIVERY (OFFERED AT EXTRA COST)
STATEMENT FREQUENCY		MONTHLY	QUARTERLY	OTHER (PLEASE INDICATE)
DO YOU HAVE ANY OTHER ACCOUNT W	VITH AL-HAYATMFB	Yes	No	
SEARCH FEE FOR CORPORAT	TE .			
te:				
e Managing Director, HAYAT MICROFINANCE BANK LTD				
-HATAI MICROFINANCE BANK LID				
ear Sir,	**************************************	DOUETE		
JTHORITY TO DEBIT OUR CURRENT a hereby authorize you to debit our n	ewly opened account		4	being the legal fee for search conducted on
half at the Corporate Affairs Commis	ssion.			
ank You.		2.0		
urs faithfully,				
	Authorised	d Signatory & Date		_Authorised Signatory & Date
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cheque Book Request Cheque Book Request We authorize you to debit my/our acceptance the safety of your funds, at Alleques are presented for payment over ost appropriate for you. MINIMUM AMOUNT FOR CONFIRM Authorised Signatory & Date IF YOU ARE NOT IN AGREEMENT MINIMUM AMOUNT FOR CONFIRM MINIMUM AMOUNT FOR CONFIRM	ICY Hayat Microfinance Bank the counter or via clear MATION N150,000.00 Aut WITH THE BANK'S POR	k Ltd, we recommend yring. Kindly indicate you thorised Signatory & Da	ou confirm cheque ir acceptance of th ste PLEASE INDICAT	es of N250,000.00 and above before such his policy by signing the column that is Authorised Signatory & Date
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cheque Book Request Cheque Book Request We authorize you to debit my/our acceptance the safety of your funds, at Alleques are presented for payment over ost appropriate for you. MINIMUM AMOUNT FOR CONFIRM Authorised Signatory & Date IF YOU ARE NOT IN AGREEMENT MINIMUM AMOUNT FOR CONFIRM MINIMUM AMOUNT FOR CONFIRM	ICY Hayat Microfinance Bank the counter or via clear MATION N150,000.00 Aut WITH THE BANK'S PORATION Authorized Authori	k Ltd, we recommend yring. Kindly indicate you thorised Signatory & Data LICY OF N150,000.00 horised Signatory & Data nation:	ou confirm cheque ir acceptance of th site PLEASE INDICAT	es of N250,000.00 and above before such his policy by signing the column that is Authorised Signatory & Date

CUSTOMER INFORMATION UPDATE NOTICE

We are aware that some of all of the information you have provided on this form is subject to change, in light of this, Al-Hayat Microfinance Bank Ltd, requires that you update your informtion with us anytime there is a change. This will ensure we are able to keep in touch with you. As a standard Al-Hayat Microfinance Bank Ltd, carries out customer information Update Exercises Bi-annualty.

AL-HAYAT MICROFINANCE BANK LIMITED

22, IBADAN ROAD, IJEBU-ODE, OGUN STATE

ACCOUNT OPENING FORM ON KYC/SITE VISITATION (CORPORATE)

ACCOUNT NAME:	
ACCOUNT NUMBER:	
OFFICE/REGISTERED ADDRESS:	
DATE OF INCORPORATE:	. REGISTRATION NO:
NATURE OF BUSINESS:	······
COMPANY SEARCH:	
SEARCH SENT ON (DATE):	
SEARCH CONFIRMED ON (DATE):	
COMMENT/OBSERVATION:	
OFFICE/OFFICE LINE/PHONE NO:	
OFFICE E-MAIL:	
NAME OF SINGNATORIES:	
RESIDENTIAL ADDRESS:	
DESIGNATION:	
PHONE NO:	
BUSINESS/OFFICE DESCRIPTION:	
NEAREST BUS STOP/LANDMARK:	
POPULAR PLACE/SCHOOL/HOSPITAL/BUILDING C	LOSE BY:
AUTHORISED SIGNATORY	AUTHORISED SIGNATORY

FOR OFFICE USE ONLY

ARE YOU CONVINCED THAT CUSTOMER RESIDES/OPERATE AT THE ABOVE ADDRESS?
PES NO DID YOU MEET THE CUSTOMER AT THE ADDRESS? YES NO DIF NO, GIVE REASON:
I CONFIRM THAT I PERSONALLY VISITED THE ABOVE STATED CUSTOMERS ADDRESS AND THAT ALL INFORMATION PROVIDEDE ARE TO THE BEST OF MY KNOWLEDGE TRUE
ACCOUNT OFFICERS'S NAME, SIGNATURE & DATE
AUTHENTICATED BY HOP
NAME:
SIGNATURE: DATE:

NOTA BENE(NB):

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



Signature of Authorized Signature

REFERENCE FORM From (Referee) Date_ CAUTION IT IS DANGEROUS TO INTRODUCE ANY PERSON Address____ NOT WELL KNOWN TO YOU To: AMFB Branch____ Dear Sir NAME OF APPLICANT (NEW CUSTOMER) The above name Company/Person wished to open a current account with you. The Company/Person is well known to me/us and I/We consider him/her suitable to maintain a current account with you. Our/My Bank are Branch Name of Bank Signature(s) of Referee Account No. (to be Completed by Bank Official) To: AMFB To: (referee's Bank) Pleases Verify The Signature(s) of Your Customer As Indicated Above

(to be Completed by Bank Official)

From: (referee's Bank)

To: AMFB

We hereby verify and confirm our customer's signature(s) appearing hereon as correct/as irregular (indicated as neccesary)



REFERENCE FORM From (Referee)

	CAUTION				
Name	- IT IS DANGEROUS TO				
	INTRODUCE ANY PERSON				
Address	NOT WELL KNOWN TO YOU				
Го: АМҒВ					
Dear Sir	Branch				
NAME OF APPLICA	ANT (NEW CUSTOMER)				
The above name Company/Person wished to op	oen a current account with you. The Company/Person is				
well known to me/us and I/We consider him/her					
well known to me, as and if we consider infinitely	suitable to maintain a current account with your				
Our/My Bank are					
	a j				
Name of Bank	Branch				
Account No.	Signature(s) of Referee				
(to be Comple	ted by Bank Official)				
To: AMFB					
To: (referee's Bank)					
	•				
Pleases Verify The Signature(s) of Your Customer	As Indicated Above				
	Signature of Authorized Signature				

(to be Completed by Bank Official)

From: (referee's Bank)

To: AMFB

We hereby verify and confirm our customer's signature(s) appearing hereon as correct/as irregular (indicated as neccesary)