

Mandate Card



RC 1137627

AL-HAYAT
MICROFINANCE BANK LIMITED

22, Ibadan Road, Ijebu-Ode, Ogun State.

ACCOUNT NAME: _____ ACCOUNT NUMBER

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

ADDRESS: _____ PHONE NO: _____

Affix Passport photograph of signatory	NAME: _____
	CLASS OF SIGNATURE _____
	SIGNATURE _____

Affix Passport photograph of signatory	NAME: _____
	CLASS OF SIGNATURE _____
	SIGNATURE _____

Affix Passport photograph of signatory	NAME: _____
	CLASS OF SIGNATURE _____
	SIGNATURE _____

Affix Passport photograph of signatory	NAME: _____
	CLASS OF SIGNATURE _____
	SIGNATURE _____

Stamp/Seal Required Y/N ☐
Signing Instruction/MandateDate A/C Opened: _____
HOP Initial/Date _____CRO Initial Date: _____
Scanned/Upload by: _____



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AL-HAYAT

MICROFINANCE BANK LTD

22, Ibadan Road, Ijebu-ode, Ogun State

ACCOUNT OPENING DETAILSSurname First Name Other Name Date of Birth Gender: M ☐ F ☐ Mother's Maiden Name Place of Birth Home Town Local Govt. Area State Religion Nationality (for non-Nigeria) BVN Means of Identification ID Number ID Issue Date ID Expiring Date Occupation Business Address Residential Address Landmark/Nearest Bus Stop Phone Number (1) Phone Number (2) E-mail Address **Account Type (please Tick)**Saving Account ☐ Current Account ☐Alert ☐ Yes ☐ No

PRESENT BANKERS (a) _____

(Name & Address) (b) _____

(c) _____

REFEREES (A) _____

(Name & Address) (B) _____

PROPOSED INITIAL DEPOSIT

SIGNATURE _____ DATE _____

FOR BANK USE ONLY

APPROVED BY: _____



AL-HAYAT MICROFINANCE BANK LIMITED
22, IBADAN ROAD, IJEBU-ODE, OGUN STATE.

ACCOUNT OPENING FORM ON KYC/SITE VISITATION

ACCOUNT NAME:.....

DATE.....

ACCOUNT NUMBER.....

SEX.....

HOME ADDRESS.....

.....

OCCUPATION.....

NAME OF NEXT OF KIN.....

RELATIONSHIP.....

ADDRESS.....

PHONE NO.....

APPLICANT BUSINESS/OFFICE DESCRIPTION.....

.....

.....

NEAREST BUS STOP/LANDMARK

HOME DESCRIPTION.....

.....

.....

PHONE NO

.....
CUSTOMER SIGNATURE

For Office Use Only

Customer's Address on account Opening Package:

Location Verification Report: (Where address stated above by customer differs from address on the account package)

Visitation Carried out by: _____ Date & Time of visit: _____

Visitation Checklist (Please tick as appropriate)

Address exist and customer is known at the address ☐

Address exist and customer is NOT known at the address ☐

Address does not exist ☐

Description of Residence/Business Premises/Office:

Signature verified and BVN Validation by: _____

Signature & Date _____

Approved by: _____

Signature & Date: _____



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AL-HAYAT
MICROFINANCE BANK LIMITED

22, Ibadan Road, Ijebu-Ode, Ogun State.

REFERENCE FORM

From (Referee)

Date _____

Name _____

Address _____

To: AMFB

Dear Sir

CAUTION

IT IS DANGEROUS TO
INTRODUCE ANY PERSON
NOT WELL KNOWN TO YOU

Branch _____

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

Name of Bank_____
Branch_____
Account No._____
Signature(s) of Referee*(to be Completed by Bank Official)*

To: AMFB

To: (referee's Bank)

Please 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 necessary)



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Account No._____
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To: AMFB

To: (referee's Bank)

Please Verify The Signature(s) of Your Customer As Indicated Above_____
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To: AMFB

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