

# Mandate Card



RC 1137627

**AL-HAYAT**

MICROFINANCE BANK LIMITED

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

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT NUMBER 

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

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

<small>Affix Passport photograph of signatory</small>	NAME: _____ CLASS OF SIGNATURE _____ SIGNATURE _____	<small>Affix Passport photograph of signatory</small>	NAME: _____ CLASS OF SIGNATURE _____ SIGNATURE _____
<small>Affix Passport photograph of signatory</small>	NAME: _____ CLASS OF SIGNATURE _____ SIGNATURE _____	<small>Affix Passport photograph of signatory</small>	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: \_\_\_\_\_



Rc 1137627

**AL-HAYAT**

MICROFINANCE BANK LTD

22, Ibadan Road, Ijebu-ode, Ogun State

**ACCOUNT OPENING DETAILS**Surname 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 &amp; Address) (b) \_\_\_\_\_

(c) \_\_\_\_\_

REFEREES (A) \_\_\_\_\_

(Name &amp; 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: \_\_\_\_\_