

Mandate Card



RC 1137627

AL-HAYAT
MICROFINANCE BANK LIMITED

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

ACCOUNT NAME: _____ ACCOUNT NUMBER

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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/Mandate _____

Date A/C Opened: _____
HOP Initial/Date _____

CRO Initial Date: _____
Scanned/Upload by: _____

SP33



FORM: 0007

AL-HAYAT MICROFINANCE BANK LIMITED

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

INDIVIDUAL TARGET ACCOUNT OPENING FORMRECENT
PASSPORT
PHOTOGRAPHACCOUNT NO: **GUIDELINES ON ACCOUNT OPENING**

Thank you for choosing Al-Hayat Microfinance Bank Ltd. Please fill all the required information below

BASIC REQUIREMENT

1. Please complete all the relevant portions of the Account Opening Form and the Enclosed mandate Cards
2. A valid means of Identification (i.e) Voters Card, Al-Hayat Identification Card Produced by NEC, National Identity Card or International Passport.
3. Utility Bill e.g. Electricity, Water or Telephone Bill
4. Resident/Work/Business Permit (where applicable)

PERSONAL DETAILSTITLE: ☐ MR. ☐ MRS. ☐ MISS. ☐ DR. ☐ PROF. ☐ OTHERSURNAME: FIRST NAME: OTHER NAMES: MAIDEN NAME (IF APPLICABLE): **MEANS OF IDENTIFICATION**INTERNATIONAL PASSPORT ☐ DRIVERS LICENSE ☐ NATIONAL VOTER'S CARD ☐ AL-HAYAT ID CARD ☐ NATIONAL ID CARD ☐IDENTIFICATION CARD NO: D D M M Y Y Y Y ISSUE DATE: D D M M Y Y Y Y EXPIRY DATE: TAX PAYER NO (IF APPLICABLE): OCCUPATION: EMPLOYER'S NAME: EMPLOYER'S ADDRESS: GENDER: ☐ MALE ☐ FEMALE ☐ MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWEDDATE OF BIRTH: D D M M Y Y Y Y PLACE OF BIRTH: NATIONALITY: MOTHER'S MAIDEN: SPOUSE SURNAME (IF APPLICABLE): SPOUSE (OTHER NAME): **APPLICANT'S DETAILS OF CORRESPONDENCE**RESIDENTIAL ADDRESS: E-MAIL ADDRESS: TELEPHONE NO: MOBILE NO:

APPLICANT OTHER DETAILS (NEXT OF KIN)

NAME:

ADDRESS:

RELATIONSHIP

TELEPHONE NO:

E-MAIL ADDRESS:

I declare that all the information given for the purpose of opening the account are true accurate, and I certify that the above particulars are correct and agree that they and the information given herein from the basis of banking relationship with Al-Hayat Microfinance Bank Ltd. I hereby request the opening of an account with Al-Hayat Microfinance Bank Ltd. The amount to be deposited in the account shall be N.....

- ❖ The account shall be designated for Apprenticeship/Educaiton/Pilgrimage/Marriage/Naming Ceremony/House Warming/Special Occasions scheduled to come up on..... Month/year time. And a Daily/Weekly/Montly/Quarterly Savings of ₦.....shall be deposited regularly until.....month by which the total sum shall be withdrawn for the purpose specified
- ❖ In the event the deposit is to be terminated before the agreed time above, the benefit accruing to the total sum as at the date of termination shall be forfeited.

INITIAL DEPOSIT

[illegible]

DECLARATION

The information which I have provided in the form is valid as at the date of opening the account I have also fully read and understood the terms and conditions for operating Al-Hayat Microfinance Bank Target Account as contained herein, and also the accompanying document as applicable to be bound by all terms and conditions as applicable to the banking services applied for by me. I, therefore request that you open a Target Account and provide your services to me in line with the above information.

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JURAT: (This should be adopted where the applicant is not literate or is blind and the form is read to him/her by a third party)
I agree 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.

OFFICE USE ONLY

Introducer's Name..... Signature/Date:.....

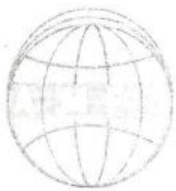
Account Officer's Name:..... Signature/Date:.....

CRO's Name:..... Signature/Date:.....

Any Outstanding Documentation	YES		NO	
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If Yes, specify:.....

HOP's Name:..... Signature/Date:.....



AL-HAYAT MICROFINANCE BANK LIMITED

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

ACCOUNT OPENING FORM ONKYC/SITE VISITATION

NAME:.....

DATE:.....

ACCOUNT NUMBER:.....

SEX:.....

ADDRESS:.....

OCCUPATION:.....

NAME OF NEXT OF KIN:.....

ADDRESS:.....

RELATIONSHIP:.....

PHONE NO:.....

BUSINESS/OFFICE DESCRIPTION:.....

NEAREST BUS STOP/LANDMARK.....

HOME DESCRIPTION:.....

CUSTOMER'S PHONE NO:.....

.....
CUSTOMER'S 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:.....

NOTA BENE (NB):

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