

Individual Savings Account Form

RC: 7172464

**IFEADIGO**
MICROFINANCE BANK LTD.

...for your brighter future

SAVINGS ☐ FIXED DEPOSIT ☐ TARGET SAVINGS ☐**PERSONAL INFORMATION:**Account No.: Title Surname: Other names: Marital Status: Single ☐ Married ☐ Widowed ☐ GENDER: MALE ☐ FEMALE ☐Residential address (not P.O. Box): LANDMARK: Home Town: Landmark: Telephone Mobile: 2nd Phone no: Home: E-mail:
Date of Birth: Nationality:
Day Month YearPlace of Birth: BVN: State of origin: Local Govt. Area: Tax Identification No: NOTIFICATION: SMS ☐ E-MAIL ☐ID Type: International Passport ☐ Driver's licence ☐ National ID ☐ Voter's Card ☐ Others ☐
(Please specify)ID No: Date Issued: Place of Issue:
Expiring date: Day Month YearIssuing Authority: Name of first child: First child's date of birth: Mother's maiden name: Spouse's name: **WORK INFORMATION**Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Others ☐ Please specify Business/ Occupation: Business/Employer's name: Business/Employer's address: Date of Employment:
Day Month YearAnnual income N: Other Bank A/c: A/C. No: **UTILITY BILL:** Name on Utility Bill Address: Date: Kindly issue a withdrawal booklet and debit my account ☐ Signature:

Specimen Signature (For mandate purposes) Please sign in black ink within the box:

Passport
Photograph

Next of Kin

Name: _____

Relationship _____ Mobile No: _____

Contact Address: _____

Documents Required To Open Your Account:

1. One passport photograph of each signatory showing full face forward, indicating full names duly signed at the back
2. Identification document for each signatory e.g. International passport, National Drivers license, etc. Please bring along the original for sighting.
3. Copy of a utility bill issued within the last three months. Please bring along originals for sighting.
4. Two Reference forms duly completed by an individual or a corporate body maintaining a current account with a bank in Nigeria. (Applicable to current account only)

Declaration:

I hereby apply for the opening of account(s) with Ileadigo Microfinance Bank Ltd. I understand that the information given herein and the documents supplied are the basis 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) which are presented overleaf and agree to be bound by them.

Signature

Date

Day		Month		Year	

FOR OFFICIAL USE ONLY

A/C MANAGER'S NAME:

A/C OPENED BY:

C/S OFFICER

SIGN & DATE

APPROVED BY:

(HEAD OPERATIONS)

SIGN & DATE