



MICROFINANCE BANK LTD

KNOW YOUR CUSTOMER (KYC) CERTIFICATE

The following confirmation details is drawn up in compliance with CBN KYC policy section 3 of Money Laundering Prohibition Act, 2004, CBN KYC Directive 2001 and KYC Manual, 2003, confirmation that the procedures necessary for the proper identification of a customer has been carried out.

Mother's maiden name: _____
Occupation/Profession: _____
Employer's Name: _____
Address (Office) _____
Customer's Nickname (Alias): _____
ID Type _____ ID No: _____
ID Issued date: _____ Expiry date: _____
Expected Annual Income (corporate Acct:) _____
Primary Source of Funds: Salary() Business Income() Sale of Property()
Other's (specify): _____
Others sources of income apart from occupation: Investment () Dividends() Others ()
Who introduced you to the bank? _____

For Office Use

I, _____ the Relationship officer of _____
who is a prospective customer of the Bank do hereby certify that I have carried out relevant verifications to establish the identity, address and nature of business of the customer and his/her eligibility as an account holder with bank.

I also certify that the application (prospect) is engaged in (nature of business) _____
_____ it shall be my responsibility to continuously monitor the account holder, the account activities and inform the Management/HOP, if at any point in time there is (are) profound change(s) in the standing of the account holder and/or suspicious transaction as required by statutory regulation.

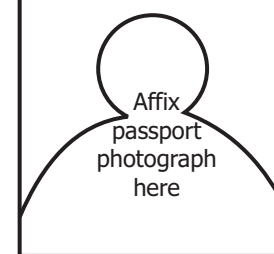
Name and signature of Account Officer _____ Date _____
Name and Signature of HM/MB: _____ Date _____



CONFIDENTIAL

MICROFINANCE BANK LTD

APPLICATION TO OPEN AN ACCOUNT



BRANCH _____

ACCOUNT NO. (for official use only)

CUSTOMER ID (for official use only)

BIOMETRIC ID NO. (BVN)

Account Category: Individual Account ☐ Joint Account ☐

Account Type: Current ☐ Savings ☐

Others Please specify

This form should be completed in CAPITAL LETTERS using BLUE INK. Characters And marks should be similar in style to the following _____

PERSONAL DETAILS (PLEASE complete in BLOCKED LETTERS and tick where necessary)

Title _____ Surname _____

First Name _____

Other Name (s) _____

Mother's Maiden Name _____ Gender ☐ F ☐ M

Marital Status (Please tick) ☐ Single ☐ Married ☐ Others (please specify) _____ Date of Birth

Place of Birth _____

Nationality _____ Dual Citizenship ☐ Yes ☐ No Please State.....

State of Origin _____ LGA _____

CONTACT DETAILS

House Number _____ Street Name _____

Nearest Bus Stop/Landmark _____

City/Town _____

Local Govt. Area _____ State _____

Home Town _____ Religion _____

Phone Number 1 _____ Phone Number 2 _____

Email Address _____

EMPLOYMENT DETAILS

☐ Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Please specify) _____ Date of Employment (if employed)

DETAILS OF NEXT OF KIN

Surname _____

First Name _____ Other Name _____

Other Name _____

Date of Birth Gender ☐ F ☐ M

Mobile Number _____ Relationship _____

House Number _____ Street Name _____

Nearest Bus Stop _____

SPECIMEN SIGNATURES

Title (Mr, Mrs etc):		Signatory Type	Photograph	
Name:				
Signature:				
Title (Mr, Mrs etc):				
Name:				
Signature:				
Title (Mr, Mrs etc):				
Name:				
Signature:				
Authorised Combination: (For Joint Account Holders)		Company Seal/Stamp required YES ☐ NO ☐ Specified Company Seal/Stamp (if required)		

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

(FOR BANK USE ONLY) ACCOUNT OPENING

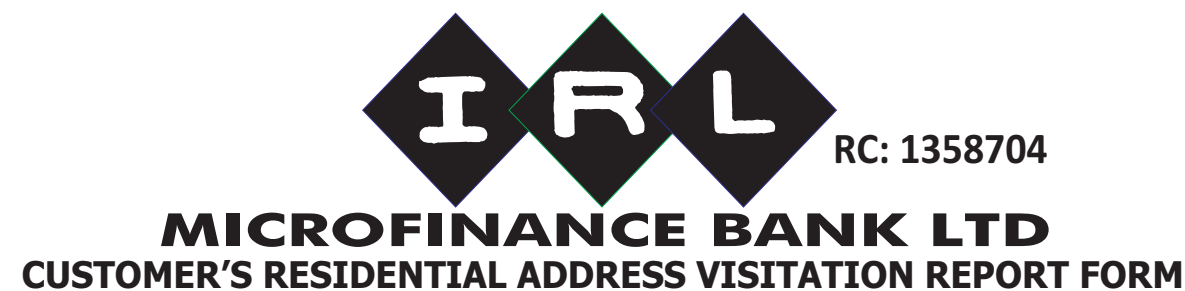
S/N	DOCUMENT OBTAINED	REQUIRED DATE	DATE RECEIVED COMPLETED	N/A
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		RECEIVED	COMPLETED
1.	COLLECTION OF ACCOUNT OPENING FORMS		
2.	SUBMISSION OF ACCOUNT OPENING FORMS		
3.	Identification		
	(a) Notary Certificate		
	(b) International Passport		
	(c) Driver's License		
	(d) National ID Card		
4.	Verification Signature		
5.	Signature Cards		
6.	Passport Photographs		
7.	Waived Documentation		
8.	What Document is Deferred		
9.	Deferral-Period		
10.	KYC Form		
11.	Water/Electricity/Telephone Receipt		
12.	Search Report		
13.	Address Verification Form		

Account Officer		Sign		Date:	
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Account Owner		Sign		Date:	
Introduce By		Sign		Date:	
	Customer Service Officer	Sign		Date:	
Opened By					
Business Manager		Sign		Date:	
Approved By HOP		Sign		Date:	
Received By		Sign		Date:	

"If fraudulent activity is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to the appropriate law enforcement agencies".



MICROFINANCE BANK LTD

CUSTOMER'S RESIDENTIAL ADDRESS VISITATION REPORT FORM

have visited

Description of the building including type, colour of the house and the gate:.....

Closest bus stop..... Major Land mark.....

Address confirmed key Yes () No ()

I hereby confirm that the customer resides at the above address, and is well known

the address visited by me: