



*Current Account Opening Form*

(PERSONAL/JOINT)

**PERSONAL**

NAME \_\_\_\_\_ Account No: 

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AGE \_\_\_\_\_ NATIONALITY \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO \_\_\_\_\_ GSM NO \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_ GSM NO \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**JOINT**  
ACCOUNT NAME: \_\_\_\_\_

**NAMES OF JOINT ACCOUNT HOLDERS:**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

ADDRESS (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO:  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GSM NO (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PTO

E-MAIL ADDRESS

(1)

(2)

(3)

BUSINESS/OCCUPATION

(1)

(2)

(3)

**REFERENCES**

NAME AND ADDRESS

BUSINESS/OCCUPATION

1. \_\_\_\_\_

2. \_\_\_\_\_

**ACCOUNTS WITH OTHER BANKS IN NIGERIA**

BANK NAME

ACCOUNT TYPE

ACCOUNT NUMBERS

1. \_\_\_\_\_

2. \_\_\_\_\_

**DECLARATION**

I/we apply for the opening of an account or accounts with ESTATE COMMUNITY BANK LTD, I/We understand that the information given herein is the basis for opening such account(s) and therefore warrant that such information is correct.

I/we agree to be bound by the terms and conditions governing the operation of the account(s).

I/we note that the bank is under no obligation to open/operate the said account for me/us.

I/we agree that in addition to any other general lien or similar right which you as Bankers may be entitled by law you may at any given time without notice to me/us combine or consolidate all or any of my/our accounts with the liabilities to you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts in or towards satisfaction of any of my/our liabilities to you on any other accounts or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

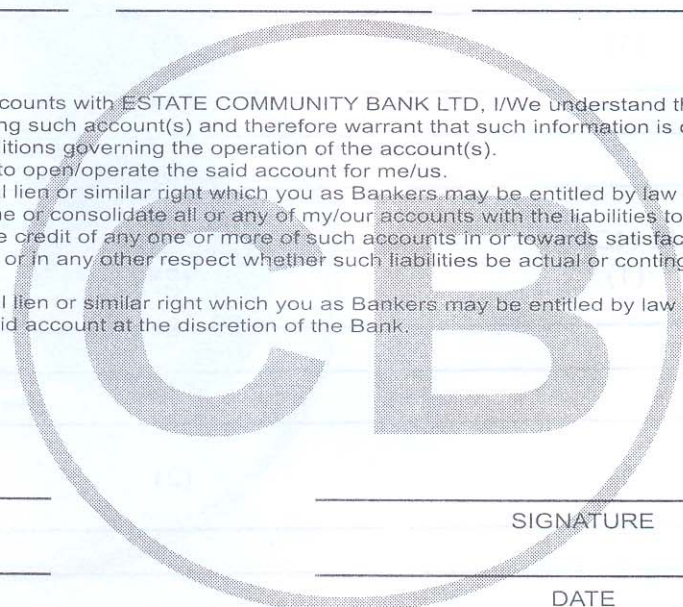
I/we agree that in addition to any other general lien or similar right which you as Bankers may be entitled by law you may at any time by giving 14 days notice close the said account at the discretion of the Bank.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE



# LETTER OF REFERENCE

*Please note that it is dangerous to introduce anyone who is not well known to you.*

The Manager  
Estate Community Bank Ltd.  
.....  
.....

Dear Sir,

\_\_\_\_\_  
**NAME**

I/We wish to confirm that I/we have known the above named individual.....

I/We would like to comment about his/her (their) suitability for the purpose of maintaining an account with yourselves as follows:.....  
.....

I/We maintain a current account:

Name of Bank.....  
Address..... And my/our Account  
Number is.....

Yours faithfully

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dated this ..... day of ..... 20.....

Name..... Name.....

Address..... Address.....  
.....

# LETTER OF REFERENCE

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The Manager  
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.....  
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Number is.....

Yours faithfully

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dated this ..... day of ..... 20.....

Name..... Name.....

Address..... Address.....  
.....



# ESTATE MICROFINANCE BANK LTD.

## CUSTOMER BASIC INFORMATION REPORT - BIR / KYC

### CUSTOMER INFORMATION QUESTIONNAIRE

(This is administered on all customers before an account is opened and to update existing customer information with the Bank. It is imperative that the information supplied is accurate.)

ACCOUNT NO: \_\_\_\_\_

NAME (SURNAME FIRST): \_\_\_\_\_ Title: Mr./Mrs./Dr./Alh/Chief \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_

ADDRESS (HOME) \_\_\_\_\_  
\_\_\_\_\_

TEL NO: \_\_\_\_\_ INT'L PASSPORT/DRIVER'S LICENSE NO. \_\_\_\_\_

ADDRESS (OFFICE): \_\_\_\_\_  
\_\_\_\_\_

TEL: NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION/LINE OF BUSINESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

ARE YOU SELF EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SELF EMPLOYED, STATE NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

WHO INTRODUCED YOU TO ESTATE MICROFINANCE BANK \_\_\_\_\_

EMPLOYMENT HISTORY

EMPLOYER

POSITION

PERIOD

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

NO. OF YEARS WITH PRESENT EMPLOYER \_\_\_\_\_

ANNUAL INCOME \_\_\_\_\_

SOURCES OF INCOME (Please specify volumes)

- SALARY \_\_\_\_\_
- PROPERTY RENTAL \_\_\_\_\_
- INVESTMENT DIVIDEND \_\_\_\_\_
- DIRECTOR'S FEE \_\_\_\_\_
- PENSION/RETIREMENT \_\_\_\_\_
- BENEFIT/GRATUITY \_\_\_\_\_
- OTHERS (PLEASE SPECIFY) \_\_\_\_\_

WILL YOU USE THE ACCOUNT FOR BUSINESS TRANSACTIONS? \_\_\_\_\_

IF YES, SPECIFY NATURE OF BUSINESS \_\_\_\_\_

ARE YOU INVOLVED IN ANY FORM OF IMPORTATION AND/OR EXPORTATION \_\_\_\_\_

LIST COUNTRIES OF IMPORT/EXPORT \_\_\_\_\_

ACCOUNT HOLDER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# ESTATE MICROFINANCE BANK LTD.

## SPECIMEN SIGNATURES

Account Number

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Account Name:

Address:

Tel No.

DETAILS		CLASS	PHOTOGRAPH
1.	Name		
	Title		
	Signature		
2.	Name		
	Title		
	Signature		
Authorised combination (where applicable)		Specimen Company Stamp Required <input type="checkbox"/> Yes <input type="checkbox"/> No Please Affix Specimen Stamp	

See back for additional Signature Space

DETAILS	CLASS	PHOTOGRAPH	
3.			
			Name
			Title
Signature			
4.			
			Name
			Title
Signature			
5.			
			Name
			Title
Signature			
<b>FOR OFFICIAL USE ONLY</b> Identity Confirmation Questions (1) (2) (3)		<b>ATTESTATION</b> Signatures appended by the duly identified named persons in the presence of: Name _____ Sign _____	

Please cross our unused space(s)

