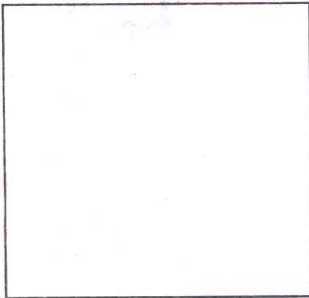


CB**ESTATE COMMUNITY BANK LTD.***...the best within your reach***SAVINGS ACCOUNT OPENING FORM**

Account No:

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

SURNAME: _____ OTHER NAMES: _____

AGE: _____ STATE OF ORIGIN: _____ NATIONALITY: _____

PASSPORT NO: _____ DRIVER'S LICENCE NO: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NO: _____ GSM NO: _____

E-MAIL ADDRESS: _____ OCCUPATION: _____

NAME AND ADDRESS OF EMPLOYER: _____

TELEPHONE NO: _____ GSM NO: _____

E-MAIL ADDRESS: _____

NEXT OF KIN

SURNAME: _____ OTHER NAMES: _____

RELATIONSHIP: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NO: _____ GSM NO: _____

E-MAIL ADDRESS: _____

OTHER ACCOUNTS HELD IN THE BANK

BANK: _____

BRANCH: _____

ACCOUNT NO: _____

ACCOUNT TYPE: _____

BANK: _____

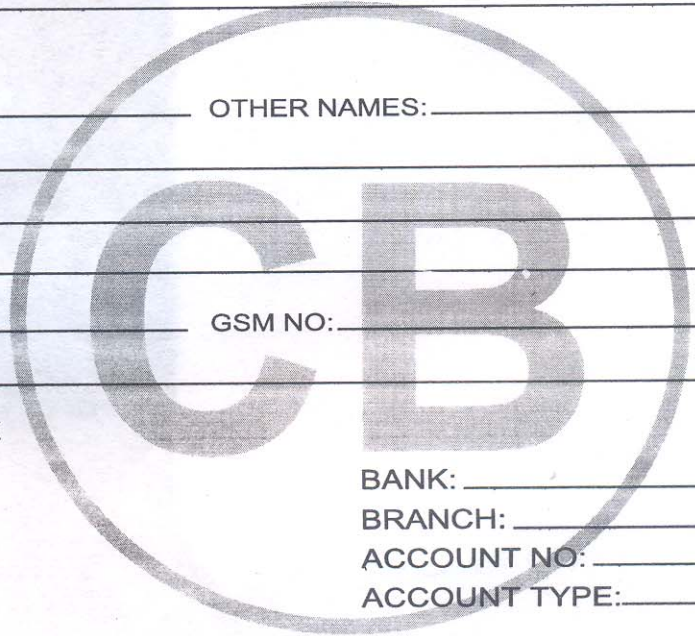
BRANCH: _____

ACCOUNT NO: _____

ACCOUNT TYPE: _____

SIGNATURE: _____

DATE: _____





ESTATE MICROFINANCE BANK LTD.

SPECIMEN SIGNATURES

Account Number

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

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	
FOR OFFICIAL USE ONLY Identify Confirmation Questions (1) (2) (3)	ATTESTATION Signatures appended by the duly identified named persons in the presence of: Name _____ Sign _____	

Please cross our unused space(s)



ESTATE MICROFINANCE BANK LTD.

SPECIMEN SIGNATURES

Account Number

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

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	
FOR OFFICIAL USE ONLY Identify Confirmation Questions (1) (2) (3)	ATTESTATION Signatures appended by the duly identified named persons in the presence of: Name _____ Sign _____	

Please cross our unused space(s)