

**FOR BANK USE ONLY  
DOCUMENTS OBTAINED**

	Yes	Deferred	Waived
DULY COMPLETED A/C OPENING FORMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLETED SIGNATURE CARD (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE FORM (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDENTITY CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Recent passport photographs (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Residence permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Utility bill of residence for each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Letter of information from assoc. Exco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DOCUMENTATION CHECKED**

NAME	SIGNATURE	DATE

**DEFERRAL/WAIVER OF DOCUMENTS AUTHORISED:**

NAME	SIGNATURE	DATE

**ACCOUNT OPENING AUTHORISED:**

NAME	SIGNATURE	DATE

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT SOURCED BY: \_\_\_\_\_



Peace Micro Finance  
Bank Ltd.

RC 750063

**PEACE MICRO FINANCE BANK LTD.**

Plot 481, Utako District, Abuja.  
ACCOUNT OPENING DOCUMENT  
INDIVIDUAL CURRENT ACCOUNT

**ACCOUNT OPENING APPRECIATION FORM**

CUSTOMER INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's maiden Name: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_

Business/Office Address: \_\_\_\_\_

Sex: \_\_\_\_\_

Tel: Nos: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residential Address \_\_\_\_\_

**FOR JOINT ACCOUNTS**

Name of Joint Account Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_

**DECLARATION:**

I/We apply for the opening of a current Accounts with Peace Micro Finance Bank (PMFB) Ltd. I/We understand that the information given herein is the basis for opening such account(s) and therefor warrant that such information is correct.

I/We agree to be bound by the terms and conditions governing the opening of the Account(s) as set out hereinafter

Signature

Date

Signature

Date

# INDIVIDUAL CURRENT ACCOUNT MANDATE

To: Peace Micro Finance Bank (MFB) Ltd

I/WE HEREBY REQUEST AND AUTHORISE YOU TO:

1. Open a current account in my/our names and at any time subsequently to open further account(s) as I/We may direct.
2. Honour all cheques or other orders which may be drawn on the said account provided such cheques or orders are signed by me/us and to debit such cheque(s) or order(s) to the said account whether such account be for the time being in credit or overdrawn or may be become overdrawn in consequence of such debit without prejudice to your right to refuse or allow ~~any~~ overdraft or increase of overdraft and in consideration, I/we agree:
  - (a) to assume full responsibility for he genuineness or correctness and validity of all endorsemens appearing on all cheques, orders, bills, notes, negotiable instruments, receipt and or other documents deposited in my/our account.
  - (b) to be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for the conduct of a current receipt of which I/we hereby acknowledge.
  - (c) to free the bank from any responsibility for any loss of or damage to funds deposited with Bank due to future government order, law, levy, tax, embargo, moratorium, ex-change restriction and/or all other cause beyond the Bank's control.
  - (d) that all funds standing to my/our credit are payable on demand only in such local currency as my be in circulation.
  - (e) to be bound by any notification of change in conditions governing the account directed to my/our last known address and any notice or letter sent to our known address shall be considered as dully delivered and received by us at the time it would be delivered in the ordinary course of post.
  - (f) that if a cheque credited to my/our current account is returned dishonoured, the same may be transmitted to us through my/our last known address either by bearer or by post.

- (g) that my/our attention has been drawn to the necessity of safeguarding my/our cheque book so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to my/our account.
  - (h) that the Bank is under no obligation to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheque and I I we understand and agree that any such cheque(s) may be returned to me/us unpaid but if paid, I am/we are obliged to repay the bank on demand.
  - (i) that any disagreements with entires on my/our Bank Statements will be made by me/us within 30 days of the dispatch of the Bank Statement. Failing receipt by the Bank of notice of disagreement of the entire within 30 days from the date of dispatch of our Bank Statement, it will be assumed by the Bank that the statement as rendered is correct.
  - (j) that any sum standing to debit of the current account shall be liable to interest charges at the current rate by the Bank from time to time The Bank is authorized to debit the account for the usual banking charges, interest, commissions, and any service charge set by the Bank from time to time.
- I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law you may at anytime and without notice to me/us combine or consolidate all or any of my/our accounts without any liabilities to you and setoff or transfer any sums standing to due credit of anyone or more of such account or any other credit, be it cash, cheques, valuables, deposits securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liability be actual or contingent primary collateral and several or joint.

Date the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (Over 15k stamp)

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
\_\_\_\_\_





# PEACE MICRO FINANCE BANK LTD.

RC 750063

## SPECIMEN SIGNATURES CARD

ACCOUNT NUMBER 

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

ACCOUNT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: No. (S): \_\_\_\_\_

Fill in the number of signature and rule out spares not used.  
If two or more signatories are required on cheque, draft, note or other items, special instructions must be given in writing to Peace Micro Finance Bank (MFB) Ltd.

TITLE (MR, MRS ETC):	SIGNATURE	CLASS	PHOTOGRAPH
NAME:			
RESIDENTIAL ADDRESS:			
TEL:			
TITLE (MR, MRS ETC):			
NAME:			
RESIDENTIAL ADDRESS:			
TEL:			
TITLE (MR, MRS ETC):			
NAME:			
RESIDENTIAL ADDRESS:			
TEL:			
TITLE (MR, MRS ETC):			
NAME:			
RESIDENTIAL ADDRESS:			
TEL:			

MANDATE (SIGNING INSTRUCTION)

PLEASE TICK AS APPROPRIATE

EMBOSSMENT REQUIRED? YES  NO  COMPANY STAMP/SEAL REQUIRED? YES  NO

CONFIRMATION REQUIRED? YES  NO

Amount to be confirmed: All amount N.....And above

NEXT OF KIN.	SIGNATURE	CLASS	PHOTOGRAPH
NAME:			
RESIDENTIAL ADDRESS:			
TEL:			
TITLE (MR, MRS ETC)			
NAME:			
RESIDENTIAL ADDRESS:			
TEL:			
TITLE (MR, MRS ETC)			
NAME:			
RESIDENTIAL ADDRESS:			
TEL:			
TITLE (MR, MRS ETC)			
NAME:			
RESIDENTIAL ADDRESS:			
TEL:			

FOR OF BANK USE ONLY

SCANNED BY:..... Date:..... ACCOUNT OFFICER.....

ACCOUNT SOURCE BY: ..... AUTHORISED BY:..... Date:.....

**PEACE MICRO FINANCE BANK LTD**

**CUSTOMER'S VISITATION REPORT FORM**

DATE OF VISIT -----

ACCOUNT RELATIONSHIP OFFICER -----

**ACCOUNT TYPE:**

SAVINGS ACCOUNT

CURRENT ACCOUNT/CORPORATE

CUSTOMER'S NAME -----

ADDRESS VISITED -----

DESCRIPTION/NATURE OF THE ADDRESS VISITED -----

REPORTS/COMMENTS ON THE VISIT -----

NAME & SIGN.-----

NAME & SIGN. -----

RELATIONSHIP OFFICER

BC

PEACE MICRO FINANCE BANK LTD

KNOW YOUR CUSTOMER (KYC)

**CUSTOMER'S GENERAL INFORMATION**

TITLE & SURNAME-----MARITAL STATUS-----

OTHER NAMES-----

RESIDENTIAL ADDRESS-----

BVN-----RELIGION-----

E-MAIL-----PHONE NO-----

IS CUSTOMER POLITICALLY EXPOSED? -----

HOME TOWN-----

DATE OF BIRTH-----PLACE OF BIRTH-----

LOCAL GOVERNMENT OF ORIGIN-----

STATE OF ORIGIN-----NATIONALITY-----

MOTHER'S MAIDEN NAME-----

MEANS OF IDENTIFICATION-----ID NO-----

NICK NAME-----SPOUSE'S NAME (SURNAME FIRST-----

**WORK INFORMATION**

OCCUPATION-----

EMPLOYER'S NAME-----

ADDRESS & PHONE NUMBER-----

-----EMPLOYER'S COUNTRY-----

**NEXT OF KIN INFORMATION**

NAME-----

RELATIONSHIP-----PHONE NUMBER-----

ADDRESS-----

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ACCOUNT OFFICER'S NAME & SIGNATURE

HOP'S NAME & SIGNATURE