



ESAN MICROFINANCE BANK LTD.

R.C. 161663
CENTRAL ROAD, P.M.B 24,
UBIAJA, EDO STATE.

08050481829
08063379409
08023056405

esanmicrofinance@gmail.com, mci@esanmfb.com, omo@esanmfb.com

CORPORATE ACCOUNT

Company Enterprises Sole Proprietorship Partnership

Club/Society NGO Religion

Company/Business Name: _____

Certificate of Incorporation/Registration No. _____

Date of Incorporation/Registration _____

Business Address _____

Mailing Address: _____

Nature of Business: _____

Telephone: _____

BVN: _____

Email Address: _____

Statement Option: Business address

Mailing Address Email Address

MANDATE / RESOLUTION TO OPEN ACCOUNT

Pursuant to this application, a meeting of the board of Directors of the company was held and it was resolved declared that a current account be opened with ESAN Microfinance Bank (the Bank) and the Bank is hereby authorized to honour the instruction of the person whose signature are contained in the specimen signature card delivered to the Bank.

The company shall give a notice of any anomalies in statements furnished but the Bank within 90 days of the date there of the failure of which absolves the Bank from all liabilities thereof. It was further resolved that the Bank may combine or consolidate all or any of the company’s account and set off or transfer any sum or asset standing to the credit of or one more of such accounts towards the satisfaction of the Company’s liabilities to the Bank.

The person, whose signature appear below, one of whom is a director of the Company have been duly authorized to mandate the opening of the account.

Dated this _____ day of _____ 20_____

CERTIFIED COPY

Name _____	Name _____
Designation _____	Designation _____
Signature _____	Signature _____

AUTHORITY TO DEBIT FOR CHEQUE BOOK AND ATM CARD

In consideration of ESAN Microfinance Bank Limited opening a current account on my/our behalf i/we hereby authorized ESAN Microfinance Bank Limited to debit my/our account with the sum of.....

for the cheque book issued to us and ATM card. No. of Leaves request:

25 50 100

Authorised Signatory

Authorised Signatory



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SIGNATORY PERSONAL INFORMATION SHEET.

Title: Mr. Mrs. Miss. Dr. Chief.

Surname: _____ Other Names: _____

Date of birth: _____ Gender: Male Female

Nationality: _____ State of Resident: _____ LGA: _____

Marital Status: Single Married Others

Bank verification number: _____

Mother`s maiden name: _____

Residential Address: _____

Landmark _____

Account with other bank; Acc no,: _____ Bank: _____

Utility Bill: _____ Date on Bill: _____

E-mail address: _____

Home Telephone: _____ GSM: _____ Office No: _____

Occupation/Profession: _____

Employer`s Name: _____

Spouse Name: _____

Home Town: _____

REFERENCE FORM

esanmicrofinance@gmail.com, mci@esanmfb.com, omo@esanmfb.com

CAUTION!! It is dangerous to introduce person(s) not well known to you'.

The Manager
ESAN Microfinance Bank Limited
Central Road Ubiaja, Edo State.

Dear Madam,

ACCOUNT NAME

I/We understand the above named/company applied to open a current account with you.

I/We have know the above named person(s)/company for a period of _____ years

and comment on their suitability to operate an account as fellow:

I/We maintain a current account with:

Name of Bank _____ Branch _____

Account number _____

Name _____

Address _____

Phone No _____

Signature and Date



ESAN MICROFINANCE BANK LTD.

R.C. 161663

CUSTOMER'S PLEASE NOTE TO SUPPLY THE FOLLOWING INFORMATION/ DOCUMENTS.

CHECK LIST Document Obtained: _____ Date Received: _____

1. Identification: _____

2. Verification: _____

3. Signature Card: _____

4. Reference Form: _____

5. Certificate True Copy of Certificate of Incorporation: _____

6. Certificate True Copy Memo & Article of Association: _____

7. Board Resolution/Company Mandate: _____

8. CTC of forms Co7 Particles of Directors: _____

9. 2 Passport Photographs of each signatory with name and signature behind.

10. Waived Documentation: (i) _____

(ii) _____

11. Differed Documentation: (i) _____

(ii) _____

Name and Signature of Officer verifying the documentations

Names _____

Operations Manager: _____

Account No: _____

Mandate Captured: _____

Cheque Book/ATM card Delivered: _____

Documentation Field: _____

Customer Introduction: _____

Manager's Signature

INDEX CARD

EMFB 3

CDA/SBA. No _____ Date: _____

Full Name: _____
(Surname first) (Other Names)

Address: _____

Occupation: _____

Next-of-Kin _____

(a) Full Name: _____
(Surname first) (Other Names)

(b) Permanent Address: _____
(i.e. Home)

(c) Residential Address _____

(d) Postal Address: _____

(e) Relationship: _____

Usual Signature of _____
Customer(s)

Verified by: _____

REFERENCE FORM

Date:

The Managing Director,
Esan Microfinance Bank Ltd
P.M.B 24
Ubiaja.

Dear Sir,

I have the pleasure in introducing Mr/Mrs/Miss.....Who wish to open
a Current/Savings Account with your bank. I confirm that he/she has been known to me
sinceAs aand that
(state relationship with customer)

he/she is honest and reliable.

I have no cause whatsoever to doubt his/her integrity and therefore I recommend him/her
as a fit and responsible person to hold a Current/Savings account with your bank.

For your information, I amand
(state of occupation)

I maintain a Current Account number;with

.....
(Branch of Bank)

Yours faithfully,



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ESAN MICRO FINANCE BANK LTD. UBIAJA EDO STATE NIGERIA ACCOUNT OPENING INFORMATION SHEET

General information:

Gender:
Title:
Last Name:
Other Names:
Address:
.....
District:
Religion:
State:
L.G.A.
E-mail Address:
Phone No.:

Personal Information:

Home Town:
Date of Birth: Marital Status:.....
L.G.A. :
State:
Nationality:
Mother maiden Name:
Means of Identification:
I.D. Number:
Date I.D was Issued:
Place I.D was Issued:
I.D Expiring Date:
I.D Issuing Authority:
Test Question:
Test Answer:

Next Of Kin Information:

Name:
Relationship:
Phone number:
E-mail Address:

Work Place Information:

Occupation: Phone No.
Employers Name:
Address:
District: Annual Income:
State: Commercial bank:
L.G.A. :
Bank Sort code: A/C No. with
Esan MFB or other Banks:

FOR BUSINESS, CLUB, COOPERATIVE CURRENT ACCOUNT ONLY:

Registered name:
Registered No.
Address:
Nature of Business:
Name and Address of Directors or Executives:
1.
.....
2.
.....
3.
.....

CURRENT ACCOUNT GENERAL:

References:

1a. Name:
b. Occupation:
c. Address:
d. Phone No.

e. A/c Number: signature.....
2a. Name:
b. Occupation:
c. Address:
d. Phone No.

e. A/c Number: signature.....

I/We certified that the above particulars are correct
(official stamp require if a company)

.....
Signature(s) of Applicant(s)

MANDATE OR AUTHORITY FOR SOCIETY, CLUB, PATNERSHIP,

COMPANIES, ETC.
TO THE ESAN MICROFINANCE BANK LIMITED UBIAJA

Copy of Resolution passed by theof the
at their meeting held on the.....day of20.....

- (1) That the Esan microfinance Bank Limited, be and are hereby appointed to the
- (2) That all cheques on the bank account be signed and bill, notes and other negotiable instruments be drawn, accepted and made on behalf of the
by or any more of them.
- (3) That cheques, bill, notes and other negotiable instruments payable to themay be endorsed for the.....
by any one or more of the persons mentioned in the Resolution No.2 or by the secretary of the.....for the time being
- (4) That a copy of these Resolutions, under the common seal and signed by the Chairman, be handed to the Bank, together with the specimen of the necessary signatures. I certify that the Resolutions of which the above are copies, were duly passed at the meeting of the.....held on theday of20.....

As witness (the common seal of the.....and)

the signature of myself as Chairman of the said meeting this.....day of.....20

.....Chairman countersignedSecretary.

The following are the signatures of persons mentioned in the Resolution above:-

.....
.....