



ESAN MICROFINANCE BANK LTD.

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

08050481829
08063379409
08023056405

www.esanmfb.com.ng, esanmicrofinance@gmail.com, omo@esanmfb.com

Affix two passport
photographs here

INDIVIDUAL/CURRENT ACCOUNT OPENING FORM

INDIVIDUAL SAVINGS CURRENT ACCOUNT

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: Acct no,: _____ Bank: _____

Utility Bill: _____ Date on Bill: _____

E-mail address: _____

Home Telephone: _____ GSM: _____ Office No: _____

Occupation/Profession: _____

Employer`s Name: _____

Spouse Name: _____

Home Town: _____

State of Origin: _____ LGA: _____

Mode of identification: International Passport Driver's Licence

National ID Card Voters ID

ID No: _____ Expiry Date: _____ Signature: _____

AUTHORITY TO DEBIT FOR CHEQUE BOOK/ATM CARD

In consideration of ESAN Microfinance Bank Limited opening a Savings / 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

PLEASE NOTE THAT ISSUANCE OF AN ATM CARD IS MANDATORY ON ACCOUNT OPENED.

Authorized Signatory

Authorized Signatory

Documents Required To Open Account

1. Two Passport photograph of each Signatory with full face forward, indicating your full names Dully signed by you at the back.
2. Identification document for each signatory e.g. National ID card, National driver License etc.
3. Copy of a utility bill issued within the last Three Months, please bring along the original for sighting.
4. Two reference forms dully completed by individual or corporate body maintaining a current Account with a bank in Nigeria (Applicable to current account only).

Declaration:

I hereby apply for the opening of account(s) with ESAN MFB LTD I understand that the information given herein and the document supplied are the basis for opening such account(s) and therefore warrant that such information is true and current.

I have read the terms and conditions governing the operation of the accounts(s) which are presented overleaf and agree to be bounded by them.

Introduced to Esan MFB Ltd by (please state name):

Signature: _____ Date: _____

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 since

As 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 Verification number.(BVN):
..... 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)

(For Official use only)

DOCUMENTS REQUIRED FROM COMPANIES REGISTERED UNDER BUSINESS

NAME:-

(Initial in box)

1. Photostat or certified true copy of Registration
Certificate (*original to be seen*)

2. Certify true copy of Application for Registration
of Business name (Obtainable from Ministry of Trade)

3. Copy of Partnership Agreement

DOCUMENTS REQUIRED FROM COMPANIES

REGISTERED UNDER LIMITED LIABILITY:

1. Photostat or certified true copy of certificate
of incorporation (*original to be seen*)

2. Memorandum and article of Association certified by
The company secretary.

3. Copy of certificate to commence Business

Opening of Account authorized by: Sign : Date

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 theby or any more of them.

(3) That cheques, bill, notes and other negotiable instruments payable to the
.....may 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 the
.....day of 20.....

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:-
.....
.....

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-----