



# ESAN MICROFINANCE BANK LTD.

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

08050481829  
08063379409  
08023056405

[www.esanmfb.com.ng](http://www.esanmfb.com.ng), [esanmicrofinance@gmail.com](mailto:esanmicrofinance@gmail.com), [omo@esanmfb.com](mailto: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 a .....and 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 am .....and  
(state of occupation)

I maintain a Current Account number; .....with

.....  
(Branch of Bank)

Yours faithfully



# ESAN MICROFINANCE BANK LTD.

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

08050481829  
08063379409  
08023056405

## 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 the .....of the .....  
at their meeting held on the.....day of .....20.....

- (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 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 countersigned .....Secretary: .....

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

.....  
.....

**REFERENCE FORM**

[esanmicrofinance@gmail.com](mailto:esanmicrofinance@gmail.com), [mci@esanmfb.com](mailto:mci@esanmfb.com), [omo@esanmfb.com](mailto: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-----