RC 1151253 PRISCO MICROFINANCE BANK LIMITED
ACCOUNT No. (for official use only)
Account type (Please indicate the type of account you want to open by ticking in the box below Current Account Savings Account Joint Account Isusu This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following
PERSONAL INFORMATION
Title Surname Surname
First name
Middle name
Gender F M
Marital Status (Please tick) Single Married other (please specify Date of Birth Date of Birth
Nationality (For non Nigerian) Spouse
State of Origin LGA Home Town
CONTACT DETAILS
Residential Address
Street Number
City/Town
Phone Number (1) Phone Number (2) Phone Number (2)
Estate Address
MEANS OF IDENTIFICATION (Please tick the ID you will use in opening this account)
National ID Card National Drivers License International Passport Other (Please specify)
ID Issue Date D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y
EMPLOYMENT DETAILS
ACCOUNT No. (for official use only)
Employed Self Employed Unemployed Retired Student Other (Please specify)
Employer's Name
Employer's/Employment Address (Even if self employed)
Street Number Street Name Street Name
City/Town
Nearest Bus Stop
Office Phone Number

DETAILS OF NEXT OF KIN				
Surname				
Middle Name				
First Name				
Contact Details				
Street Number	Street Name			
City/Town				
Nearest Bus Stop				
Street Number	Relationship			
ACCOUNT WITH OTHER BANKS	6 (INCLUDING MICROFINANCE E	BANK LTD)		
NAME & ADDRESS OF BANK/	BRANCH	ACCOUNT NAME AND NUMBER		
1				
2				
3				
/ REFERENCES				
ACCOUNT NAME	BANK BRANCH	ACCOUNT NO.		
1				
2				
FOR NON NIGERIANS ONLY				
CERPAC/Resident Permit No.				
DATE OF ISSUE				
dd mm yy		dd mm yy		
PERMANENT FOREIGN HOME ADDRESS				
I request the opening of a current/savings account and confirm that the above information is true				
DECLARATION				
I hereby apply for the opening of an account with Prisco Microfinance Bank Ltd. I have read and understood the terms and conditions overleaf governing the opening of Account with Prisco Microfinance Bank Ltd. I accept and agree to be bound by the terms and conditions including those excluding / limiting the Bank's liability. I understand that the bank may debit my Account for service charges as applicable from time to time. I hereby declare that information given above vis true and correct and to the best of my knowledge.				
Signature of Account Holder		Date		
ł	Affix postage stamp here and accross			

ACCOUNT No. (for official use only)

REQUIREMENTS CHECKLIST (FOR OFFICIAL USE ONLY)

Account		
DOCUMENTS REQUIRED	CHECKED	DIFFERRED
Duty completed Account opening form		~
Specimen signature card duly completed		
Two (2) recent passport photographs	*	* 5
Address verification document utility bill, (Certified true copy is accepted if original is not held)		
Evidence of identification: International passport, Driver's license or National ID card (original must be sighted)		
Letter from employer/School NYSC (for salary account and Student only)		
	Duty completed Account opening form Specimen signature card duly completed Two (2) recent passport photographs Address verification document utility bill, (Certified true copy is accepted if original is not held) Evidence of identification: International passport, Driver's license or National ID card (original must be sighted)	EDUCTION CHECKED Duty completed Account opening form

Current/Domicillary Account

S/N	DOCUMENTS REQUIRED	CHECKED	DIFFERRED
1.	Duty completed Account opening form		
2.	Specimen signature card duly completed		
3.	Two (2) recent passport photographs		
4.	Two (2) independent and satisfactory references (Referees must not be a staff of Prisco MFB or salary account holder		
5.	Address verification document utility bill, (Certified true copy is accepted if original is not held)		
6.	Evidence of identification: International passport, Driver's license or National ID card (original must be sighted)		
7.	Letter from employer/School NYSC (for salary account and Student only)		

For Official Only				
Account Officer's Name				
Staff Number Signature	_ Date	D D	MM	Y Y Y Y
DOCUMENT CHECKED BY:				
CSO'S NAME				
Staff Number	_ Date	D D	M M	Y Y Y Y
Signature				

ACCOUNT OPENIN	IG AUTHORITY BY:			
Name				
Staff Number			Date	M M Y Y Y



ADDRESS:

GSM NO:

S/N

A/C OFFICERS

e

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NAME:

SIGN:

DATE:

	RC 1151253	ACCOUNT No. (for official use only)
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	LUIDAA	CAUTION:
NANCE BANK C	MICROFINANCE BANK LIMITED	It is dangerous to introduce any individual not well known to you
REFERENCE FOR	DD	M M Y Y Y
From (Referee):	DATE	
Name:		· · · · · · · · · · · · · · · · · · ·
Address:		
To: PRISCO MFB LTD		
Dear Sir,		Branch
	NT	
The above named ir and I/we consider h	ndividual/company wishes to open a current acc nim/her/them suitable to maintain this account wi	count with you. HE/SHE/THEY/is/are well known to me/us ith you.
My/Our Bankers are:	:	
Ν.	(Name of Bank)	(Dranch)
My/Our Account No.	is/are	
Name of Referee		D D M M Y Y Y
Signature of Potoroa	e	DATE
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0180	RC 1151253	ACCOUNT No. (for official use only)
	DRIGCO	
C C C C C C C C C C C C C C C C C C C	MICROFINANCE BANK LIMITED	CAUTION: It is dangerous to introduce any
		individual not well known to you
		D M M Y Y Y Y
From (Referee):		
Name:		
Address:		
To: PRISCO MFB LT	TD. ENUGU.	Branch
Dear Sir,		Branch
NAME OF APPLICA	NT	
The above named	individual/company wishes to open a current ac	ccount with you. HE/SHE/THEY/is/are well known to me/us
and I/we consider	him/her/them suitable to maintain this account the second tree second the second the second tree second the second tree second to second the second term se	with you.
	(Name of Bank)	(Dianon)
Mv/Our Account N	p. is/are	
Name of Referee		· · · · · · · · · · · · · · · · · · ·
	'ее	
Signature of Reference		