

# ISALE OYO MICROFINANCE BANK LTD.

## ACCOUNT OPENING REQUEST

TO: ISALE OYO MICROFINANCE BANK LTD

I/WE HEREBY REQUEST AND AUTHORISE YOU:

1. To open a Savings/Current account in my/our name and to open further accounts as I/We may request.
2. To honour all cheques or orders on the above account provided such cheques or orders are signed as per my/our mandate and to debit such cheques or orders to the said account whether such account be for the time being in credit or overdrawn or may become overdrawn as consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase of over-draft and in consideration, I/We agree:
  - a. to assume full responsibility for the genuineness and/or correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and/or other documents deposited in my/our account.
  - b. to comply with and be bound by the Bank's rules for the conduct of a Savings/Current account
  - c. to relieve the Bank of all liability for items directed to my/our last known address and any notice or letter sent to my/our last known address shall be considered as duly delivered and received by me/us at the time it would be delivered in the ordinary course of post.
  - d. that my/our attention has been drawn to the necessity of safe guarding my/our cheque book so that unauthorised persons are unable to gain access to it and to the fact that neglect of this precaution may be ground for any consequential loss being charged to my/our account.
  - e. 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 cheques and I/We understand and agree that any such cheque may be returned to me/us unpaid but if paid, I am/we are obliged to repay the amount on demand.

Dated this

day of

20

(N20 Stamp)

Authorised Signature

Authorised Signature

# ISALE OYO MICROFINANCE BANK LTD.

## Applicants details

Account Category: Limited Liability Company ☐ Enterprise ☐ Society ☐ Individual ☐

Account Type: Current ☐ Savings ☐ Other ☐

Name of Applicant

RC number

Registered office address (Not P. O. Box)

Address of principal place of business (If different from above)

Date of Incorporation/Registration

Business Phone Number

Operating at location since

## Personal Information

Surname First name Other name

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Dr ☐ Others

Date of birth Occupation Gender: ☐ Male ☐ Female

### Personal Identification

Bank Verification Number (BVN)

☐ Driver's license ☐ Int'l Passport ☐ National ID ☐ Market/ Association ID Identification number

Date issued Voters Card ☐ Mobile number(s) Nationality

E-mail

## Current residential address

Address (Not P. O. Box)

Landmarks:

City/town LGA State

Living at address since ☐ Tenant ☐ Owner

Mother Maiden Name:

## Spouse's detail (if applicable)

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Dr ☐ Others, specify

Surname First name Other name

Date of birth Occupation

Telephone number Mobile number

### NEXT OF KIN:

Address of Next of Kin

Relationship of Next of Kin

Phone No



# ISALE OYO MICROFINANCE BANK LTD.

## Personal Information

Surname		First name		Other name		
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Chief	<input type="checkbox"/> Dr	<input type="checkbox"/> Others, specify.....
Date of birth		Occupation		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Personal Identification</b>						
Bank Verification Number (BVN)		<input type="text"/>				
<input type="checkbox"/> Driver's license	<input type="checkbox"/> Int'l Passport	<input type="checkbox"/> National ID	<input type="checkbox"/> Market/ Association ID	Identification number		<input type="text"/>
Date issued		Voters Card	<input type="checkbox"/>	Mobile number(s)		Nationality <input type="text"/>
E-mail <input type="text"/>						

## Current residential address

Address (Not P. O. Box)

Landmarks:

City/town: LGA State

Living at address since: ☐ Tenant ☐ Owner

Mother Maiden Name:

## Spouse's detail (if applicable)

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Dr

Surname First name Other name

Date of birth Occupation

Telephone number Mobile number

## NEXT OF KIN:

Address of Next of Kin

Relationship of Next of Kin

Phone No

# ISALE OYO MICROFINANCE BANK LTD.

## Personal Information

Surname		First name		Other name	
<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Chief <input type="checkbox"/> Dr					
Date of birth		Occupation		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Personal Identification</b>					
Bank Verification Number (BVN) <input type="text"/>					
<input type="checkbox"/> Driver's license	<input type="checkbox"/> Int'l Passport	<input type="checkbox"/> National ID	<input type="checkbox"/> Market/ Association ID	Identification number <input type="text"/>	
Date issued		Voters Card <input type="checkbox"/>	Mobile number		Nationality <input type="text"/>
E-mail <input type="text"/>					

## Current residential address

Address (Not P. O. Box)		
Landmarks		
City/town	LGA	State
Living at address since		<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Mother Maiden Name		

## Spouse's detail (if applicable)

<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Chief <input type="checkbox"/> Dr		
Surname	First name	Other name
Date of birth	Occupation	
Telephone number	Mobile number	

## NEXT OF KIN:

Address of Next of Kin	
Relationship of Next of Kin	
Phone No	

## ACCOUNT WITH OTHER BANKS

NAME AND ADDRESS OF BANK	ACCOUNT NUMBER
1	
2	
3	
PROPOSED INITIAL DEPOSIT	N



## **REFERENCES**

NAME AND ADDRESS

BANKERS

1

2

## **DECLARATION**

I confirm that the details provided above and in any attached documents are a true reflection of my personal and other details.

## **UNDERTAKINGS**

I authorise you to honour and debit to such account all cheques, drafts, bills, promissory notes, negotiable instruments and to comply with all orders and instructions including orders and instructions to deliver, deal with or dispose of my securities, boxes, documents or property whatsoever held by you for my account provided that any such cheques, draft, bills, promissory notes, negotiable instruments, orders, instructions or request are signed by my order.

Applicant Signature

Date

FOR OFFICIAL USE ONLY

INITIAL DEPOSIT : N

OPENING OF ACCOUNT AUTHORISED BY:

NAME:

SIGNATURE:

DATE

# APPOINTMENT OF BANKERS

At a Meeting of the Board of Directors of \_\_\_\_\_  
\_\_\_\_\_ Limited.

Whose Registered Office is at \_\_\_\_\_

Held on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

The following Resolutions were passed:

That a Savings/Current account be opened with ISALE OYO MICROFINANCE BANK LTD.

That the Bank be hereby authorised

1. To honour and comply with all Cheques, Drafts, Bills, Promissory Notes, Acceptances, Negotiable instruments and Orders expressed, to be drawn, accepted, made, or given on behalf of this Company, at any time or times, whether the banking account or accounts of this Company are overdrawn by any payment of or in relation thereto, or are in credit, or otherwise.
2. To honour and comply with all instructions to deliver or dispose of any securities or documents or property held by the Bank on behalf of the Company.
3. To honour and comply with all instructions to issue guarantees on behalf of the Company

Provided any such Cheques, Drafts, Bills, Promissory Notes, Acceptances, Negotiable Instruments, Orders and Instructions are signed by \_\_\_\_\_  
and countersigned by \_\_\_\_\_

4. To treat all Cheques, Drafts, Bills, Promissory Notes, Acceptances, Negotiable Instruments and Orders as being endorsed on behalf of the Company and to discount or otherwise deal with them provided such endorsements purport to

We hereby certify the above to be a true copy from the Minutes.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Secretary

Date: \_\_\_\_\_ 20\_\_\_\_

# **MANAGEMENT**

S/N	NAME	POSITION	SIGNATURE

The Secretary encloses herewith"-

1. Certificate of incorporation of the Company (for inspection and return)
2. In the case of a Public Company, Certificate that the Company is entitled to commence business (for inspection and return).
3. Certified Copy of the Memorandum and Articles of Association (for retention by the Bank).
4. Copy of Form C07



## REFERENCES

NAME AND ADDRESS

BANKERS

1

2

## DECLARATION

We confirm that the details provided above and in any attached documents are a true reflection of our personal, business/organization and any other details.

## UNDERTAKINGS

We hereby request you to open an account in our name in your books. We authorise you to honour and debit to such account all cheques, drafts, bills, promissory notes, negotiable instruments and to comply with all orders and instructions including orders and instructions to deliver, deal with or dispose of our securities, boxes, documents or property whatsoever held by you for our account provided that any such cheques, draft, bills, promissory notes, negotiable instruments, orders, instructions or request are signed by our authorised signatories.

\_\_\_\_\_  
CHAIRMAN

\_\_\_\_\_  
SECRETARY

DATE \_\_\_\_\_

DATE \_\_\_\_\_

FOR OFFICIAL USE ONLY

INITIAL DEPOSIT : N

OPENING OF ACCOUNT AUTHORISED BY:

NAME:

SIGNATURE:

DATE



**"CAUTION"**  
**IT IS DANGEROUS TO INTRODUCE A**  
**PERSON WHO IS NOT WELL-KNOWN**  
**TO YOU**

20

The Managing Director,  
ISALE OYO MICROFINANCE BANK LTD.

Dear Sir,

Re:.....

(Name of Person or Company)

I/We understand that the above-named Person/Company has applied to open  
a Current Account with you. I/We have known the person/company for.....

(Period) and I/We comment on his/its means and reputation as follows:

I/We also confirm that the applicant is a person/company to whom/which the  
usual banking facilities may/may not be extended.

I/We maintain current account(s) with (Names & Addresses of Banker(s)

- (1) .....
- (2) .....

And the Account No. (s) is / are.....

The above information is provided in confidence as usual business courtesy  
without responsibility or liability on our part.

Yours faithfully,

Authorised Signature

Authorised Signature

**"CAUTION"**  
**IT IS DANGEROUS TO INTRODUCE A**  
**PERSON WHO IS NOT WELL-KNOWN**  
**TO YOU**

20

The Managing Director,  
ISALE OYO MICROFINANCE BANK LTD.  
Saabo Market,  
Oyo.

Dear Sir,

Re:.....

(Name of Person or Company)

I/We understand that the above-named Person/Company has applied to open  
a Current Account with you. I/We have known the person/company for.....  
(Period) and I/We comment on his/its means and reputation as follows:

I/We also confirm that the applicant is a person/company to whom/which the  
usual banking facilities may/may not be extended.

I/We maintain current account(s) with (Names & Addresses of Banker(s))

(1) .....

(2) .....

And the Account No. (s) is / are.....

The above information is provided in confidence as usual business courtesy  
without responsibility or liability on our part.

Yours faithfully,

Authorised Signature

Authorised Signature



**SPECIMEN SIGNATURE**

Account No.							

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone(s) \_\_\_\_\_

S/N	Name(s) in full	Signature(s)

**For official use only**

Signature Mandate.....

.Embossment required? Yes/No

Cheque confirmation required? Yes/No      Company stamps required? Yes/No

Remarks.....

- |                             |               |                    |               |
|-----------------------------|---------------|--------------------|---------------|
| 1. Account Opening Officer: | .....<br>Name | .....<br>Signature | .....<br>Date |
| 2. Checking Officer:        | .....<br>Name | .....<br>Signature | .....<br>Date |
| 3. Approving Officer:       | .....<br>Name | .....<br>Signature | .....<br>Date |