



# OTUO MICROFINANCE BANK LTD

Oluma Quarters, Otuo, Owan East L.G.A., Edo State Nigeria

AFFIX

PASSPORT PHOTOGRAPH

HERE

ACCOUNT NO. (For Official Use )

CUSTOMER ID. (For Official Use )

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## INDIVIDUAL ACCOUNT OPENING FORM

Account type (Please indicate the type of account you want to open by ticking in the box below)

Current Account ☐ Savings Account ☐ Joint Current Account ☐ Joint Savings Account ☐

## PERSONAL INFORMATION

Title  Surname

First Name

Middle Name

Gender F ☐ M ☐

Marital Status (Please tick) Single ☐ Married ☐ Other( Please Specify)  Date of Birth 

D	D	M	M	Y	Y	Y	Y

Mother's Maiden Name

Nationality (For Non-Nigerians)  BVN

State Of Origin  LGA

## CONTACT DETAILS

Street Number  Street Name

City/Town

Phone Number (1)  Phone Number(2)

E-mail Address

## MEANS OF IDENTIFICATION (Please tick the ID you will use in operating this account.)

National ID Card ☐ National Driver's License ☐ International Passport ☐ \*Others (Please specify)

ID No.  ID Issue Date 

D	D	M	M	Y	Y	Y	Y

 ID Expiry date 

D	D	M	M	Y	Y	Y	Y

## ACCOUNT SERVICES REQUIRED (Please Tick Option Below)

VERVE/ATM CARD ☐ Internet Banking ☐ E-mail Alert (Free) ☐ Sms Alert (Fees Apply) ☐

Cheque Book Requisition Opened Cheque ☐ Crossed Cheque ☐ 25 Leaves ☐ 50 Leaves ☐

ACCOUNT NO (For Official Use Only)

EMPLOYMENT DETAILS

Employed ☐ Self Employed ☐ Unemployed ☐ Student ☐ Others (Please specify)

Employer's Name

Employer's/Employment Address

Street Number

Street Name

City/Town

Nature of Business/Occupation

Office Phone Number

DETAILS OF NEXT OF KIN

Surname

Middle Name

First Name

Contact Details

Street Number

Street Name

City/ Town

Mobile Number

Relationship

DECLARATION

I hereby apply for the opening of an account with **Otuo** Microfinance Bank Limited. I have read and understood the terms and conditions governing the opening of an account with **Otuo** Microfinance Bank Limited and those relating to the various products and services that I have requested

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 from time to time. I hereby declare that the information given above is true and correct to the best of my knowledge .

Signature of the Account Holder \_\_\_\_\_ Date

D	D	M	M	Y	Y	Y	Y