UMUNNACHI MICROFINANCE BANK LTD

RC 115114

SAVINGS ACCOUNT OPENING DOCUMENTATION

UMUNNACHI MICROFINANCE BANK LTD AB

Name: .....

Surname First Name Middle Name

Date of Birth: .....

Home Town/Local Govt.....

State of Origin: .....

Nationality: .....

Gender (Male/Female): .....

Marital Status (Single/Married): .....

Mode of Identification: .....

(Drivers License, Intl' Passport, National ID, Voters Card)

*Office/Business Address: .....

*Phone No (s): .....

E-mail Address: .....

Employer/Occupation: .....

Next of Kin: .....

Contact Address: .....

I certify that the above information is correct

.....

(Signature and Date)

(Note: To be [provided for all signatory)

AKALIKI SAVINGS SPECIMEN SIGNATURE CARD

A/C NO: | | | | | | | | | | |

ACCOUNT NAME: .....

POSTAL ADDRESS: .....

DATE ACCOUNT OPENED: | | | | | | |

Name of Signatory	Name of Signatory	Name of Signatory
Passport	Passport	Passport
Signature	Signature	Signature
Category	Category	Category

Mandate:

OFFICE USE ONLY

C. S. O: .....

Name Initials

Authorized Officer: .....

Name Initials