Account Opening Form

BORSTAL MICROFINANCE BANK LTD.
No. 24 Independence Way, Kaduna.
Kaduna State,
Nigeria.

BORSTAL MFB LTD.
RC 979536

This form should be completed in CAPITAL LETTERS, Tick where applicable (Fields Marked with *are compulsory)

ACCOUNT TYPES

☐ Savings ☐ Current (please Attach Reference) ☐ Minor ☐ Joint

Account No | *Bank Verification No: | *NIN No: | *Tax No:

Please Affix Passport Photo

PERSONAL INFORMATION

Title: | * Surname:

* First Name:

Other Name: | IPPIS:

Occupation:

Gender Male: ☐ Female: ☐ *Marital Status: Single: ☐ Married: ☐ Divorced: ☐ Separated: ☐

* Mother's Maiden Name:

* Date Of Birth: | LGA:

* State of Origin | Service No

CONTACT DETAILS

* Permanent Home Address:

* Residential Address:

Town/City: | LGA:

State:

* Mobile Number:

E-mail Address:

Name of Employer

Office Address:

Town/City:

State:

NEXT OF KIN DETAILS

Title:

Name: Surname | Middle Name

Other Name(s)

Gender: M ☐ F ☐ | Date of Birth:

Relationship:

Phone No:

Residential Address: (If Different from Account Owner)

TERMS AND CONDITIONS

1. i herein acknowledge that the operation of the account is limited to deposit/withdrawal limits as specified by the central bank and where such exceeds specified limit. i irrevocably consent that my account will be migrated to the next tier of account and subject to all requisite legal & regulatory controls.
2. I agree to submit my biometric information to the bank as may be required for account opening, maintenance and operation purposes, to enhance the security of my account and transaction from time to time.
3. I give permission for the bank to securely store and transmit this Biometric data for the purpose of opening my bank account.
4. I understand that a Biometric is a unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a particular person.
5. The bank shall not be liable for breaches/disclosure that may occur if it is compelled by law or regulation to disclose customer biometric data to third parties. However, the Bank shall exercise due care to ensure that the customers biometric data is secure and protected.

Source of Funds

Are you a Business Person or Civil Servant?_____ Post Held: _____

Years on the post: _____ is the post elected or attained or inherited: _____

Sources of Funds: _____ Major means of transaction (cash/cheque/transfer/e-banking) _____

If Minor Account

Name of the Parent/Guardian_____

Relationship Father Mother By Court Order (enclosed a copy)

I shall represent the minor in all transaction of any description in the above Account till the said minor attains maturity.

I shall fully identity the Bank against any claim of the above minor for any withdrawal/transaction made by me in his/her account

_____

Signature of the Guardian

E-Channels

Facilities required (please mark as appropriate Box)

Internet banking ☐ ATM Card ☐ SMS Alert ☐ Cheque Book ☐ E-mail monthly ☐ USSD ☐ Mobile App ☐

DECLARATION

1. I have read the terms and conditions which are presented above and agree to be bound by them.
2. I hereby apply for the opening of account with Borstal Microfinance Bank: I understand that the information given herein and the documents supplied are the basis of opening such account and hereby there warrant that such information is correct.

_____ _____

Signature Date

CUSTOMER MANDATE

Signature (for mandate purpose).
Please sign in black ink within the box:

Signature

OFFICIAL USE ONLY

Account Opening Authentication

Account Officer's Name _____ Signature: _____ Date: _____

Account Opened by (CSO`s): Name _____ Signature: _____ Date: _____

Head Compliance Officer _____ Signature: _____ Date: _____

Approved by HOP: Name _____ Signature: _____ Date: _____

Is the customer a PEP? Yes ☐ or No ☐