

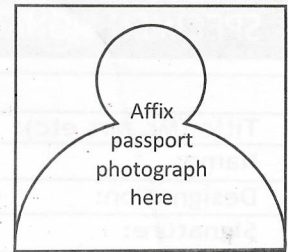


Daylight
Microfinance Bank
...gateway to growth
Rc: 1234567890



A Subsidiary of NNPC CMS LAGOS

CONFIDENTIAL



APPLICATION TO OPEN AN INDIVIDUAL ACCOUNT

BRANCH

ACCOUNT No. (for official use only)	CUSTOMER ID (for official use only)	BIOMETRIC ID No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Category: Individual Account Joint Account Others Please specify

Account Type: Current Saving

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following (A B C ✓)

PERSONAL DETAILS (Please complete in BLOCKED LETTERS and tick where necessary)

Title Surname

First Name

Other Name(s)

Mother's Maiden Name Gender F M

Marital Status (Please tick) Single Married Other (please specify) Date of Birth

Place of Birth

Nationality Dual Citizenship Yes No Please State.....

State of Origin LGA

CONTACT DETAILS

House Number Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area State

Home Town Religion

Phone Number 1 Phone Number 2

Email Address (Optional)

EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Other (Please specify) Date of Employment (if employed)

DETAILS OF NEXT OF KIN

Surname

First Name Other Name

Other Name(s)

Date of Birth Gender F M

Mobile Number Relationship

House Number Street Name

Nearest Bus Stop

SPECIMEN SIGNATURES

		Signatory Type	Photograph
Title (Mr, Mrs etc):			
Name:			
Designation:			
Signature:			
Title (Mr, Mrs etc):			
Name:			
Designation:			
Signature:			
Title (Mr, Mrs etc):			
Name:			
Designation:			
Signature:			
Authorised Combination: (For Joint Account Holders)		Company Seal/Stamp required YES <input type="checkbox"/> NO <input type="checkbox"/> Specified Company Seal/Stamp (if required)	

Employer's/Employment Address (Even if self employed)

Street Number Street Name

City/Town

Nearest Bus Stop/
Landmark

Local Govt. Area State

Nature of Business/
Occupation

Office Phone Number Fax Number

(FOR BANK USE ONLY) ACCOUNT OPENING

S/N	DOCUMENT OBTAINED	REQUIRED DATE	DATE RECEIVED/ COMPLETED	N.A
1	Collection of Account Opening Forms			
2	Submission of Account Opening Forms			
3	Identification			
	(a) Notary's Certificate			
	(b) International Passport			
	(c) Driver's Licence			
	(d) National ID Card			
4	Verification of Signature			
5	Signature Cards			
6	Passport Photographs			
7	Waived Documentation			
8	What Document is Deferred			
9	Deferral-Period			
10	KYC Form			
11	Water/Electricity/Telephone Receipts			
12	Search Report			
13	Address Verification Form			

REMARKS

Account Officer			
Name:	<input type="text"/>	Sign	<input type="text"/>
	<input type="text"/>	Date:	<input type="text"/>
Customer Service Officer			
Opened by	<input type="text"/>	Sign	<input type="text"/>
	<input type="text"/>	Date:	<input type="text"/>
Business Manager	<input type="text"/>	Sign	<input type="text"/>
	<input type="text"/>	Date:	<input type="text"/>
Approved By HOP	<input type="text"/>	Sign	<input type="text"/>
	<input type="text"/>	Date:	<input type="text"/>
Reviewed By	<input type="text"/>	Sign	<input type="text"/>
	<input type="text"/>	Date:	<input type="text"/>