

INDIVIDUAL ACCOUNT OPENING FORM



50, Libreville Street, Off Amino Kano
Cresent, Wuse II, Abuja.

CURRENT ACCOUNT JOINT ACCOUNT CORPORATE ACCOUNT FIXED DEPOSIT ACCOUNT

ACCOUNT OPENING REQUIREMENTS.

1. Duly signed signature cards.
2. Two passport photographs of each signatory.
3. Identification documents for each signatory.
4. Duly completed reference Forms.
5. Utility Bill e.g Electricity, Water, telephone, or Rental Receipt.
6. Memorandum/Article of Association.
7. Certificate of Incorporation/Registration.

CUSTOMER INFORMATION

Account Name: _____
(Kindly Indicate title)

Residential/Contact Address (Not P.O Box): _____

Postal Address: _____

Phone No: Office : _____ Mobile: _____ E-mail: _____

Business/Occupation: _____

Business Address: _____

Name of Employer (if any) : _____

Position in Establishment: _____

Address of Employer: _____

Next of Kin: _____

Mode of Identification: _____

Address of Next of Kin: _____

Authorised Signature: _____

Present Banker : (1) _____

(2) _____

Reference Name/Address : (1) _____

(2) _____

Proposed Initial Deposit: (N) _____

STANDING ORDER/ FIXED DEPOSIT: _____

Roll over after 30 days

Roll over after 60 days

Roll over after 90 days

CHEQUE CONFIRMATION POLICY

It is the policy of SAFELINE MICROFINANCE BANK LIMITED to confirm Cheques of ₦50,000.00 and above. You are therefore, required to confirm in writing to SAFELINE MFB LTD Cheques of ₦50,000.00 and above before such a cheque is presented for payment over the counter or via clearing. This policy is adopted to further safeguard your account from fraudulent practices.

Kindly indicate your acceptance of the policy by completing and Signing the section below.

Account Name
Minimum Amount for Confirmation
Authorised Signature/Date <div style="text-align: right; margin-top: 10px;"> DD MM YY </div>

Account Number

- Please. Tick the following mode of Cheque confirmation
- Confirmation letter dully signed by authorised signatory
 - Confirmation done on the reverse side of Cheque
 - Confirmation schedule where series of cheque are issued
 - Pay our cheque without further confirmation.

are obliged to repay the bank on demand the principal amount as well as any interest and charges the bank may prescribe.

That any disagreement with entries on my/our Bank Statement will be made known by me/us within 15 days of dispatch of the bank statement as rendered is correct.

That any sum standing to the debit of the current account shall be liable to interest charge at the rate determined by the bank from time to time. To authorized the bank debit the account with the usual banking charges, interest, commissions and fees as may be determined by management from time to time.

That the bank may close at any time and from time to time any of my/our accounts with the bank after giving reasonable notice of its intention to close the account. The length of the notice to be given will be at the discretion of the bank is however not obliged to give such notice to me/us if the account is closed on grounds of illegality.

That the bank may act on any instruction to counter and/or revoke any cheque/draft other instruments before payment is effected.

2. I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law. you may at any time and without notice to me/us combine or consolidate all or any of my/our Account(s) with liabilities to you and set off or transfer any sum or sums standing to my/our credit in any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with you or any other respect whether such liabilities be actual or contingent primary collateral and several or joint.

3. For joint account, we agree that, in the event of the death of either or both of us, the bank is to pay or deliver to or to the other of the survivor or survivors, all monies, deeds, securities and other property whatsoever standing to the credit or held by the bank for any account or accounts in our joint name.

4. We hereby authorize you to debit our account with the legal cost of search conducted on our Account at the corporate Affairs Commission.

FIXED DEPOSIT

1. SAFELINE MICROFINANCE BANK LIMITED must be notified before any investment under this fund is assigned, transferred or negotiated to any other person than the investor and the Bank reserves the right to dishonour any instruction from third party other than the investor if it is not notified before the assignment, transfer or negotiation.
2. The Certificate must be surrendered to the Bank at maturity/withdrawal of investment or any portion thereof.
3. The investment will be placed on call after the date on which it becomes repayable unless prior arrangement for the repayment has been made with the Bank.
4. Rates may be adjusted in line with current market realities
5. Other rates are only indicative and may be adjusted depending on the market realities.

CUSTOMER DECLARATION

Your agreement with us
By signing below, I am/we are:

1. Applying to Safeline Microfinance bank limited for opening of an account and for banking services
2. Confirming that all information herein supplied are true and complete
3. Agreeing to be bound by the conditions governing the operation of the account set out below

TERMS AND CONDITIONS:

CURRENT ACCOUNT -

1. Honour all cheques or Orders may be drawn on the said Account, until the bank receives any written notice to the contrary provided such cheques or orders are signed by me/us 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 in consequences of such debits without prejudice to your right to allow any overdraft and in accordance with signing instructions and in consideration thereof. I/We agree to:

Assume full responsibility for the genuineness or correctness and validity of all endorsements appearing on all Cheques, Orders, Bills, Notes, Negotiable instruments, Receipts and/or other documents deposited in respect of my/our account with the bank

To be responsible for the payment of any overdraft with interest and to comply and be bound by the Bank's rules for the conduct of a Current Account as determined from time to time

To free the Bank from any responsibility for the payment of any loss or damage of funds, instruments or documents deposited with Bank due to any governing order, law, levy, tax embargo, moratorium exchange, restrictions and/or other causes beyond the bank's control.

That all funds standing to my/our credit are payable on demand only in such local currency as may be in circulation.

To be bound by any notification of change in condition governing the account directed to my/our last known address and any other notice or letter sent to my/our last known address, shall be considered as duly delivered and received at the time it would be delivered in the ordinary course of post

That my/our attention have been drawn to the necessity of safeguarding my/our cheque book so that unauthorized persons are unable to gain access to it as failure or negligence on my/our part may lead to any loss being charged to my/our account.

That the bank is under no obligation to honour any cheque(s) drawn on this account unless there is sufficient fund in the account to cover the value of the said cheque(s). I/We understand and agree that any cheque may be returned to me/us unpaid but if paid, I/We

Dated	Day of	Year
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Name: _____
 Surname: _____
 Middle Name: _____
 First Name: _____
 Address: _____

Thumb Print (over stamp)

Signature (over stamp)

FOR BANK USE ONLY

DOCUMENTS OBTAINED

Completed Signature Card (2)	Yes	Deferred	A passport photographs each signatory	Yes	Deferred
Reference Forms	Yes	Deferred	Identification Document	Yes	Deferred
Utility Bill	Yes	Deferred	Visitation Conducted	Yes	Deferred
Identification	Yes	Deferred	Others	Yes	Deferred
Residential permit (Foreigners)	Yes	Deferred			

Account Source By _____
 Account Opened By _____
 Deferral/Waiver By _____
 Account Authorised By _____

Staff No/Code _____
 Signature & Date _____
 Signature & Date _____
 Signature & Date _____

Signatory Card



50, Libreville Street, Off Amino Kano Crescent, Wuse II, Abuja.

ACCOUNT NUMBER:

ACCOUNT NAME:

ADDRESS:

TEL: FAX: E-MAIL:

SIGNATORY

1: NAME:	SIGNATURE/ THUMBPRINT:	CLASS	PHOTOGRAPH
DESIGNATION:			
2: NAME:			
DESIGNATION:			

SIGNATURE: Company Seal / Stamp Required Yes No

Relationship Officer's Signature: _____

Approval & Date: _____

KINDLY CONFIRM TO US YOUR PREFERRED COMBINATION / INSTRUCTION TO BE MAINTAINED ON YOUR ACCOUNT

Please tick appropriate box:

NO CONFIRMATION

₦50,000.00 & ABOVE

₦100,000.00 & ABOVE

OTHERS VALUE

AUTHORIZED SIGNATURE COMBINATION _____