



ENEDE MICRO FINANCE BANK LTD

OPPOSITE CHURCH OF GOD MISSION, IKOKOGBE QUARTERS, NSUKWA

ACCOUNT OPENING FORM

DATES:----- LACATION ACCOUNT IS OPENED;-----

LAST NAME: _____ **GENDER** _____

FIRST NAME: _____ **AGE** _____

MIDDLE NAME _____ **DATE OF BIRTH:** _____

RESIDENTAIL ADDRESS: _____

PERMANENT ADDRESS: _____

OFFICE / BUSINESS ADDRESS: _____

OCCUPATION: _____ **MARITAL STATUS** _____

MOBILE PHONE _____ **MEANS OF IDENTIFICATION** _____

ID NO/EXPIRY DATE _____ **NEXT OF KIN:** _____

PHONE NUMBER _____ **NEXT OF KIN RESIDENTIAL** _____

NEXT OF KIN PERMANENT ADDRESS _____

SIGNATURE : _____ **DATE:** _____

ACCOUNT OFFICER'S NAME _____ **ACCOUNT OFFICER SIGNATURE :** _____ **DATE** _____

AUTHORISING OFFICER-----

SIGNATURE-----DATE.-----