EKONDO BANK

EKONDO MICROFINANCE BANK LTD

ACCOUNT NO. (For Official Use)

APPLICATION TO OPEN A CORPORATE ACCOUNT

Account type (Please indicate the type of account you want to open by ticking in the box below)

Current Account ☐ Savings Account ☐ Joint Account ☐

COMPANY INFORMATION

Company Name

Certificate of Incorporation Number

Date of Incorporation D D M M Y Y Y Y

Type Of Businesss

Registered Business Address

Phone Number (1) Phone Number(2)

E-mail Address

ACCOUNT SERVICES REQUIRED (Please Tick Option Below)

VERVE/ATM CARD ☐ Internet Banking ☐ E-mail Alert (Free) ☐ Sms Alert (Fees Apply) ☐

Cheque Book Requisition Opened Cheque ☐ Crossed Cheque ☐ 25 Leaves ☐ 50 Leaves ☐

SIGNATORY DETAILS

Surname

Middle Name

First Name

Residential Address

Occupation

Mobile Number

Gender F M

Date of Birth D D M M Y Y Y Y

Mother's Maiden Name

Class Of Signatory
(Please Indicate In the box Provided)

Signature _____ Date D D M M Y Y Y Y

MEANS OF IDENTIFICATION (Please tick the ID you will use in operating this account.)

National ID Card National Driver's License International Passport *Others (Please specify)

ID No. ID Issue Date D D M M Y Y Y Y ID Expiry date D D M M Y Y Y Y

SIGNATORY DETAILS

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Middle Name

First Name

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Mobile Number

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ID No. ID Issue Date D D M M Y Y Y Y ID Expiry date D D M M Y Y Y Y

DIRECTOR'S DETAILS

Surname

Middle Name

First Name

Residential Address

Occupation

Mobile Number

Gender F M

Date of Birth D D M M Y Y Y Y

Mother's Maiden Name

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Signature _____ Date D D M M Y Y Y Y