UDOKA MICROFINANCE BANK LTD
AGULU

RC NO: 757259

NWAGU JUNCTION.P.M.B 02002 AGULU ANAOCHA L.G.A, ANAMBRA STATE.

PHONE NO: 08037877690.

Account Type

Current ☐
Savings ☐
Dss ☐
Fixed ☐

ACCOUNT OPENING FORM

Personal information

Account Name/Number

Surname

Identification NIN No

First Name

Date of Birth

Middle Name

Occupation

Gender

Marital Status

Country

PEP

Mobile Telephone

Address

City

L.G.A

State

E-mail

Office phone

Home Phone

BVN

Employer Information

Employer Name

Employer City

Employer State

Employer Country

Next of kin/Spouse

Full Name

Relationship

Address

City

State

Country

Telephone

E- mail

I hereby request and authorize you to open the above mentioned Account in my name.
I certify that the above particulars are true and correct.
I agree:

1. To guard against access to my cheque book/withdrawal slip by unauthorized persons.
2. That interest will be allowed on savings account at ruling rates.
3. That all sum for credit to my account should be accompanied by a pay -in-slip showing the name and number of the Account credited. The entry of the transaction will be verified by the initial of an officer of **UDOKA MICROFINANCE BANK LIMITED o**n the duplicate of the pay- in-slip.
4. That any change in my Address shall at once be communicated to **UDOKA MICROFINANCE BANK LIMITED a**t the branch where my account is domiciled.

_____	_____	_____
Signature	Signature	Date

FOR OFFICE USE ONLY

	Account Officer	Signature &Date
Scanned By:		Signature &Date
Account Opening By:		Signature &Date