



OLIVE MICROFINANCE BANK LIMITED

150, Obafemi Awolowo Way, Ikeja, Lagos

P.M.B. 21822 Ikeja, Lagos. Tel: 01-213280, Fax: 01-4964335

SAVINGS AND CURRENT ACCOUNT OPENING FORM

		ACCOUNT NUMBER:		<input type="text"/>	
Title:	<input type="text"/>	BRANCH:		<input type="text"/>	
Surname:	<input type="text"/>				
Other Names:	<input type="text"/>				
Date of Birth:	<input type="text"/>	Gender:	Male:	<input type="text"/>	Female:
Nationality:	<input type="text"/>	Religion:	<input type="text"/>		
Residential Address:	<input type="text"/>				
State:	<input type="text"/>	L.G.A.:	<input type="text"/>	Landmark:	<input type="text"/>
Telephone No:	<input type="text"/>	Mother,s Maiden Name:			
Father's Name:	<input type="text"/>				
State of Origin:	<input type="text"/>	L.G.A.:	<input type="text"/>	Town:	<input type="text"/>
Occupation:	<input type="text"/>				
Office Address:	<input type="text"/>				
E-mail Address:	<input type="text"/>	BVN:	<input type="text"/>		
Identification Mode:	<input type="text"/>	Number:	<input type="text"/>	Issued Date:	<input type="text"/>
				Exp. Date	<input type="text"/>

Next of Kin Information

Name:	<input type="text"/>
Relationship:	<input type="text"/>
Contact Address:	<input type="text"/>
Telephone No:	<input type="text"/>

For Bank Use Only

Customer Introduced by: Name: _____ Signature: _____

Relationship Officer Name: _____ Signature: _____

CS Officer: Name: _____ Signature: _____

Approval: Signature: _____ Signature: _____

P.T.O

Olive Microfinance Bank Limited

150, Obafemi Awolowo Way, Ikeja, Lagos.
P.M.B. 21822 Ikeja, Lagos, Tel: 01-2134280-1, Fax: 01-4964335

Terms and Condition:

By Signing below, I hereby apply to Olive Microfinance Bank for the opening of a Current Account and accept that the statement of account will be sent to me monthly and discrepancies observed with entries on my statement of account shall be notified to Olive Microfinance Bank within 15 days. Failure to receive any notice of information to the contrary, Olive Microfinance Bank shall assume that the entries made are correct.

Name of Signatory: _____
Mobile: _____
CHEQUE CONFIRMATION? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, Amount to be confirmed: <input type="checkbox"/>
N.....And above <input type="checkbox"/>

Passport Photograph

Passport Photograph

Requirements

- 1) Passport Photograph 2) Unity bill 3) Means of identification 4) 2 Duly completed reference forms

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For Bank Use Only

CUSTOMER PHYSICAL VISITATION FORM

From:

To: Branch Manager

Date:

In line with the Bank's procedural requirements, I hereby submit the report on customer physical visitation as follows:.....

1. Name of Customer:.....

2. Physical Address Visited:.....

3. Tel. No of Physical Address:.....

4. Address given by Customer (In the Opening Form).....

5. Explanation for Difference between (2) & (4).....

6. Date of Physical Visitation:.....

7. Observation/Operations of the Company.....

I hereby confirm the existence of the residence at:

.....
Name of Visiting staff:.....

Signature of Visiting Staff:.....