



INDIVIDUAL ACCOUNT OPENING FORM

PLEASE TICK THE PREFERRED TYPE OF ACCOUNT

ORDINARY SAVINGS SALLAH/OTHER FESTIVAL SAVINGS HAJJ/UMRAH SAVINGS
MOSUE/ORGANISATION SAVINGS BABY BOND/YOUNG PERSON SAVINGS
UNIQUE MOTHERS' MODEST ULTIMATE SAVINGS – UMMUS e-SUSU SAVINGS

Title: Mr. Mrs. Others (Please specify)

SURNAME OTHER NAMES

DATE OF BIRTH NATIONALITY

SEX: MALE FEMALE BVN

OFFICE ADDRESS (NOT P.O. BOX)

MAILING ADDRESS

RESIDENTIAL ADDRESS (NOT P.O.BOX)

E-MAIL ADDRESS OCCUPATION

MOBILE NO. EMPLOYER

TELEPHONE NO. STATE OF ORIGIN

MOTHER'S MAIDEN NAME LOCAL GOVT. AREA

MARITAL STATUS: MARRIED SINGLE

Next of Kin

Name of Spouse/Next of Kin

Occupation/Business

Business Address of Spouse/Next of Kin

Residential Address of Spouse/Next of Kin

E-mail Address of Spouse/Next of Kin

Telephone No. of Spouse/Next of Kin

Wedding Anniversary Date Resident Permit (Where Applicable)

Source of Income: Salaries Business Income Trading Gratuity Others

Annual Income (N'000): 0-250 501 -1000 1001+

REQUIREMENTS

1. Account opening form duly completed.
2. Two (2) specimen signature cards duly completed by the signatory to the account.
3. Three (3) recent clear passport size photographs of signatory with name and signature written on the reverse side.
4. Means of identification i.e. Driver's Licence, International Passport or National ID Card (Original to be Sighted).
5. Photocopy of Public Utility receipt i.e. Tax Clearance Certificate (TCC), PHCN or PHONE bills (Original to be sighted). These must bear the current address of the customer.
6. Two independent and satisfactory references. Referees must be current account holders.
7. Mandatory initial deposit.
8. Resident permit (where applicable).

GENERAL CONDITION

Open a Current Account/Business Growth Account in my name.

1. To guide against access to my cheque book by unauthorized persons.
2. To be bound by the bank's rules for the conduct of account(s), receipt of which I hereby acknowledge.
3. That the Bank may debit my account for any service charge, from time to time as set by the management, if the account proves to be unremunerative to the Bank.
4. To hold you free from any responsibility for any loss or damage to funds deposited with you due to any future Government order, law, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond your control, and that any or all funds standing to the credit of the account are payable only at your bank, on demand only and only in such local currency, or at your option, in such local currency as may then be in local circulation.
5. That I note that the Bank will accept no liability whatsoever for fund handed to members of its staff outside banking hours.
6. To assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or other documents deposited in my account.
7. That if a cheque credited to my account is returned dishonoured, you may notify me via my telephone number or mail.
8. 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 combine or consolidate all or any of my accounts without any liabilities to you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheque, valuables, deposits securities, negotiable instruments or other assets belonging to me toward the satisfaction to my liabilities to you or any other account in any other respect whether such liabilities be actual or contingent, primary or collateral or several or joint.

DECLARATION

I hereby apply for the opening of account(s) with Al-Barakah Microfinance Bank, I understand that the information given herein and document supplied are the basis of opening such account(s) and therefore warrant that such information is correct. Also, I have read the terms and conditions governing the operation of the account(s) which are presented overleaf and agree to be bound by them

Name

Signature/Date

FOR OFFICIAL USE ONLY

CHECK LIST

- | | | | |
|---|--------------------------|-------------------------------|--------------------------|
| 1. Account Opening Form | <input type="checkbox"/> | 2. Two Mandate/Signature Card | <input type="checkbox"/> |
| 3. Three Recent Passport Photograph | <input type="checkbox"/> | 4. Means of Identification | <input type="checkbox"/> |
| 5. Photocopy of Public Utility Bill/Receipt | <input type="checkbox"/> | 6. Verification of Signature | <input type="checkbox"/> |

APPROVED OFFICER

NAME

SIGNATURE AND DATE

CSO

HEAD OF OPERATION

TO: AL-BARAKAH MICROFINANCE BANK LIMITED
67, LADIPO STREET
MUSHIN
LAGOS.

DEED OF INDEMNITY ON E-BANKING

THIS DEED OF INDEMNITY IS MADE THIS ___DAY OF _____ BY _____ (hereinafter referred to as "the customer which expression shall where the context so admits include its successors-in-title and assigns") IN FAVOUR OF AL-BARAKAH MICROFINANCE BANK LIMITED (hereinafter referred to as "the Bank" which expression shall where the context so permits include its successors-in-title and assigns)

WHEREAS:

1. The customer maintains account(s) with the Bank and enjoys various banking facilities from the Bank from time to time.
2. The customer has requested and the Bank has agreed that the Bank should act on Telephone Registered Line Short Message Service (SMS), fax or e-mail copies of documentation for banking facilities with the Bank, any instruction in respect of the account (s) and/or its operations as if the same were originals. Provided that the documentations and instructions are issued in line with the customer's mandate with the Bank.

IT IS HEREBY AGREED AS FOLLOWS:

In consideration of the Bank agreeing to accept Telephone Registered Line Short Message Service (SMS), fax or e-mail copies of documentation for banking facilities, any instruction in respect of my/our account(s)and/or its operations, I/We

hereby irrevocably and unconditionally agree that all Telephone Registered Line Short Message Service (SMS), fax or e-mail copies of any documentation and/or instructions issued by me/us in respect of my/our account(s) or dealings with the Bank shall be binding and enforceable against me/us. I/We further agree to fully indemnify AL-BARAKAH MICROFINANCE BANK LIMITED, against any proceedings, claims, expenses and liabilities whatsoever which may be taken or made against or incurred by the Bank by reason of the Bank accepting the Telephone Registered Line Short Message Service (SMS), fax or e-mail copies of the documentation and/or instructions. I/We further confirm that the Bank can set-off any such expenses/costs incurred by it in respect of my/our obligations herein against any of my/our account(s) with the Bank.

IN THE PRESENCE OF (WITNESS):

NAME: _____
ADDRESS: _____
OCCUPATION: _____
SIGNATURE: _____

If an individual

SIGNED, SEALED AND DELIVERED BY: _____

If a company

THE COMMON SEAL OF THE WITHIN NAMED _____
WAS HEREUNTO AFFIXED IN THE PRESENCE OF:

AUTHORISED SIGNATORY

AUTHORISED SIGNATORY



SPECIMEN SIGNATURE

Account Name

Account Number

Address

E-mail

Telephone

Office

Mobile

Name (Mr./Mrs)

Signature

Name (Mr./Mrs)

Signature

Authorised
Instruction

See back for additional
signature space

Name (Mr./Mrs)

Signature

Name (Mr./Mrs)

Signature

Authorised
Instruction

See back for additional
signature space