



MAXITRUST Microfinance Bank Ltd.

SAVINGS ACCOUNT OPENING FORM

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Name _____





MAXITRUST Microfinance Bank Ltd.

DOCUMENTATION REQUIRED FOR OPENING A SAVINGS ACCOUNT

1. Savings Account Form duly completed.
2. Specimen signature card duly completed.
3. Two (2) recent passport-size photographs.
4. Copy of evidence of Identification e.g International Passport, Driver's License or National I.D card or recognized organisation identification card.
6. Letter from employer (For salary account only).
7. Address verification document e.g PHCN bill, Nitel bill etc.

**All original documents must
be sighted**



MAXITRUST Microfinance Bank Ltd.

To: MaxiTrust Bank Ltd.
Application to Open an
Savings Bank Account

Branch _____

Please read this carefully and complete all relevant sections. Should you have any question a member of staff will be willing to assist you.

(Please complete in BLOCK CAPITAL and tick where necessary)

Account Specification Minor Salary Personal Joint

Surname _____ Title _____

First Name _____ Middle Name _____

Sex Male Female Date of birth
Date Month Year

Fixed Telephone No. _____ Mobile No. _____

Type of Identification _____ Identification No _____

Nationality _____ State of Origin _____

E-Mail _____

Local Government Area _____ Staff No _____ (For Staff only)

Residential Address (not P. O. Box) _____

Business / Office Address _____

Occupation _____ Business / Office Telephone No. _____

Marital Status Single Married Divorced

2nd Applicant (for Joint Account only)

Surname _____ Title _____

First Name _____ Middle Name _____

Sex Male Female Date of birth
Date Month Year

Fixed Telephone No. _____ Mobile No. _____

Type of Identification _____ Identification No _____

Nationality _____ State of Origin _____

E-Mail _____

Local Government Area _____ Staff No _____ (For Staff only)

Residential Address (not P. O. Box) _____

Business / Office Address _____

Occupation _____ Business / Office Telephone No. _____

Marital Status Single Married Divorced



MAXITRUST Microfinance Bank Ltd.

Name of Spouse _____

Spouse's Occupation _____ Telephone No. _____

Mother's Maiden Name _____

Next of Kin Information

Surname _____ Other Names _____

Contact Address _____

Telephone No. _____

Sex Male Female

Relationship _____

Introducer's Name _____

Address _____ Telephone No. _____

Declaration & Signatures

- I hereby apply for the opening of a Saving account in Maxitrust Microfinance Bank Ltd for banking services.
- I declare that the information given in the account opening forms is true and correct, I agree that any information found to be false may cause the bank to decline the application or close the account if it has been opened. Should any of the details change in the future, e.g Address employment etc. I shall inform you promptly.
- In addition to any general lien or similar right to which you as bankers may be entitled to by law you may at any time and without notice to me combine or consolidate all or any of my account(s) with the liabilities to you and set off or transfer any sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits securities negotiable instruments or other assets belonging to me with you in or towards satisfaction of any of my liabilities to you or any other account or in any other respect whether such liabilities are present or future, be actual or contingent, primary or collateral, several or joint.
- I agree that you may at your absolute discretion close at any time my account(s) with you giving seven (7) days notice in writing to me at my address for correspondence given above or such other address as may be notified from time to time by me in writing to you.
- I agree that the Bank is not liable whatsoever for fums / tellers handed to bank officers outside banking hours and outside the bank premise except as may be otherwise agreed in writing.
- I agree to bound by these and other terms and conditions existing now and in the future governing the operation of the account(s) and other Banking Services which include Internet Banking, Mobile Banking, SmartCard, Telephone Banking, Automated Teller Machine (ATM) Domestic / Interactional Money Transfer and MasterCard

Name _____ Signature _____ Date

Day	Month	Year

Name _____ Signature _____ Date

Day	Month	Year

Affix N20 Stamp



MAXITRUST Microfinance Bank Ltd.

For office use only

Branch _____

Account opening requirement checklist
Requirement

- 1. Application Form
- 2. Two Passport size photographs
- 3. Two individual references
- 4. Copy of identification presented
- 5. Letter from employer (for salary accounts only)
- 6. Address verification document sighted
(Certified copy taken if original not held)

checked	Deferred	Waived
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment or additional information

Date account opened

Documentation Checked: Customer Service Officer

Name _____

Signature _____ Date

Date

Month

Year

Account interview: Branch Manger / Head of Branch Operations

Name _____

Signature _____ Date

Date

Month

Year

