

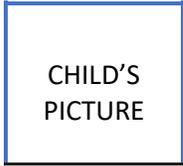


Microfinance Bank Bank with us, Bank on us

CHILDREN ACCOUNT OPENING FORM

ACCOUNT NUMBER (NUBAN)

Grid for account number (NUBAN)



CHILD'S INFORMATION (CUSTOMER)

Title: Master () Miss () Gender: Male () Female ()

Childs Name Surname _____ First Name _____ Middle Name _____

Date of Birth _____ Place of Birth _____

School Name _____

School Address _____

PARENT/ GUARDIANT INFORMATION

Title: Mr. () Mrs. () Miss () Gender: Male () Female ()

Name: Surname _____ First Name _____ Middle Name _____

Date of Birth _____ Home Town _____ LGA _____

State of Origin _____ Nationality _____ Marital Status _____

BVN NO _____ Bank of Enrolment _____

ID Type _____ ID NO _____

Residential Address _____

City/Area _____ Local Govt. _____ State _____

Email Address _____ Phone No. _____

Occupation _____ Employer Address _____

Relationship with Child _____

I/we hereby request and authorize UNIABUJA Micro finance Bank to open Account in the Childs name and certify that are true and correct. I/we further undertake to indemnify the bank for any loss suffered as a result of any false information or error in the information provided to the bank.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Account Officer..... Signature..... Date.....



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**CHILDREN ACCOUNT OPENING FORM
ACCOUNT MANDATE**

Account Name _____ (CHILDS

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NAME) _____

Account No.

Mandate authorization/ Combination rule (Please Tick as appropriate: Single Signatory () Two or more () If Two or more are to sign, please specify _____

Signatory 1 (PARENT/GUARDIANT)

Surname _____ First Name _____ Middle Name _____

Identification Type: _____

Signature _____ Date _____

PHOTO

Signatory 2 (PARENT/GUARDIANT)

urname _____ First Name _____ Middle Name _____

Identification Type: _____

Signature _____ Date _____

PHOTO

DECLARATION

I/We understand that the information given herein and the documents supplied are the basis for the opening of such account(s) and I/we therefore warrant that such information is correct. I/we have read and understood the bank account opening terms and condition. I/we accept and agree to be bound by the set terms and condition including those charges excluding /limiting the banks liability. I/we agreed that the bank may debit our account for service charges applicable from time to time. I/we further undertake to indemnify the bank for any loss suffered as a result of any false information or error in the information provided to the bank.

Signature/Date

Signature/Date

FOR OFFICIAL USE ONLY

Account Open By:

Account Opening Authorized By:



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CHILDREN ACCOUNT OPENING FORM

Name.....

Name.....

Signature and Date.....

Signature and Date.....

DEFERAL/WAIVER OF DOCUMENT (IF any) AUTHORISED BY:

Name.....

Signature and Date.....



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CHILDREN ACCOUNT OPENING FORM

CUSTOMER KYC/AML/ADDRESS VISITATION FORM (To be filled by Relationship Officers)

Date.....(DD/MM/YYYY) Branch..... Account Number.....
Name(Surname).....First name..... Middle Name.....
Address (Office)..... Phone No.....
Address (Home) Phone No.....
Occupation/Line of business Business /Employer's Name.....
Business /Employer's Address
Who introduced you to the bank? Referral [] Walk In [] Staff Name
Self employed? Yes [] No [] Job Title Annual Income
Source of Funds to operate account - Salary [] Business income [] Sale of property [] others []
State others

ANTI MONEY LAUNDERING RISK MANAGEMENT SHEET

1. Is the customer's core business activity one of the defined 'High Risk Business' and if so which?
No [] Yes []
Yes, Management concurs with the ; high Risk Assessment and opening the account subject to High Risk Account Monitoring
2. Does the customer deal principally with customers or suppliers who are located in 'High Risk 'geography'? No
Yes . If Yes, state location (s) / country (ies).....
3. Is the customer:
i. A public figure (PEP) No [] Yes []
ii. Expected to handle business activities on the account? No [] Yes []
iii. Expected to use High Risk Products? No [] Yes []
If any of 1-3 is 'High Risk' , the classification should be 'High Risk'. If judgmentally classified 'Low Risk', explain.

JUSTIFICATION/COMMENTS

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.....

CLASSIFICATION High Risk [] Medium Risk [] low Risk []

Relationship Officer

Relationship Manager

ADDRESS VERIFICATION

House number.....Street Name.....
City..... Town..... LGA..... State.....
Description of house i.e. if bungalow, block of flats, duplex etc and color.....
Landmark i.e. nearest bus stop, road and / or
Met withDesignation.....
Ownership of the property.....
Other remarks.....

I hereby confirm the existence of the prospective customer's address as stated above

Visiting Staff Name & Signature

Date