



### ACCOUNT OPENING FORM

|   |                     |                                  |                       |
|---|---------------------|----------------------------------|-----------------------|
| <b>NAME OF ACCOUNT:</b>   |                     | <b>ACCOUNT NO:</b>               |                       |
| <b>RELATIONSHIP:</b> (A) ACCOUNT OWNER ( ) (B) SIGNATORY ( ) (C) DIRECTOR ( )   |                     |                                  |                       |
| <b>TYPE OF ACCOUNT:</b> CURRENT ( ) SAVINGS ( ) CORPORATE ( ) ASSOCIATION ( ) OTHERS ( )  |                     |                                  |                       |
| FIRST NAME:   |                     | MIDDLE NAME:                     | LAST NAME:            |
| ADDRESS   |                     |                                  |                       |
| CITY:   |                     | STATE:                           | PHONE(GSM):           |
| Email:  |                     | DEPENDANTS NO:                   |                       |
| MARITAL STATUS:   |                     | HIGHEST QUALIFICATION ATTAINED : |                       |
| DATE OF INCORPORATION:  |                     | RC NO:                           |                       |
| <b>BANK VERIFICATION NUMBER:</b>  |                     |                                  |                       |
| GENDER: MALE ( ) FEMALE ( )   |                     | MOTHER'S MAIDEN NAME:            |                       |
| DATE OF BIRTH:  |                     |                                  |                       |
| RESIDENTIAL ADDRESS/LANDMARK DETAILS:   |                     |                                  |                       |
| POSTAL ADDRESS:   |                     |                                  |                       |
| LGA:  | STATE OF ORIGIN:    |                                  | NATIONALITY:          |
| OCCUPATION:   |                     | EMPLOYER'S NAME:                 |                       |
| EMPLOYER'S ADDRESS:   |                     |                                  |                       |
| POSITION:   |                     | LENGTH OF EMPLOYMENT:            |                       |
| NEXT OF KIN: .....  |                     |                                  |                       |
| NEXT OF KIN'S ADDRESS: .....  |                     |                                  |                       |
| NEXT OF KIN'S TEL NO: .....   |                     |                                  |                       |
| RELATIONSHIP WITH NEXT OF KIN: .....  |                     |                                  |                       |
| <b>ACCOUNT (S) WITH OTHER BANKS:</b>  |                     |                                  |                       |
| 1. BANK NAME: .....   | BANK ADDRESS: ..... | ACCOUNT NAME: .....              | ACCOUNT NUMBER: ..... |
| 2. BANK NAME: .....   | BANK ADDRESS: ..... | ACCOUNT NAME: .....              | ACCOUNT NUMBER: ..... |
| <b>FORM OF IDENTIFICATION</b>   |                     |                                  |                       |
| NATIONAL ID CARD ( ) INTERNATIONAL PASSPORT ( ) DRIVER'S LICENSE ( ) OTHERS (SPECIFY)   |                     |                                  |                       |
| ID NO:  | PLACE OF ISSUANCE:  | ISSUE DATE:                      | EXPIRY DATE:          |
| <b>FOR FOREIGNERS ONLY</b>  |                     |                                  |                       |
| DATE OF ARRIVAL:  |                     | DATE OF DEPARTURE:               | VISA NO:              |
| VISA VALID FROM:  | VISA VALID TILL:    | PASSPORT NO:                     | PASSPORT EXPIRY DATE: |
| PASSPORT ISSUE DATE:  |                     | RESIDENT PERMIT NO:              | EXP DATE:             |
| <b>REFEREES: 1. NAME:</b> .....   |                     | <b>2. NAME:</b> .....            |                       |
| <b>ADDRESS:</b> .....   |                     | <b>ADDRESS:</b> .....            |                       |
| .....   |                     | .....                            |                       |
| <b>DECLARATION/CERTIFICATION:</b>   |                     |                                  |                       |
| I/We request the opening of an account with you and confirm that the statements above are true. I/We agree to be bound by the terms and conditions governing the operations of the account. |                     |                                  |                       |
| I/We certify that the above particulars are true and correct.   |                     |                                  |                       |
| Name.....   |                     | Name.....                        |                       |
| Signature.....  |                     | Signature.....                   |                       |
| Date.....   |                     | Date.....                        |                       |
| <b>HOW DID YOU HEAR ABOUT OUR BANK?</b>   |                     |                                  |                       |
| <b>BANK OFFICIAL: NAME:</b>   | <b>SIGNATURE:</b>   |                                  | <b>DATE:</b>          |

.....  
.....  
.....  
Date.....

The Manager,  
Light Microfinance Bank Ltd,  
Dear Sir/Madam,

**LETTER OF SET-OFF**

- a. In the event of any failure to make payments of any amount(s) due by Borrower/ (I or any member of our group) to the Bank, the Bank may immediately and without notice to the Borrower apply any funds held by the Bank for the Borrower (I or any member of our group) towards the liquidation of the amount owed.
  
- b. In addition to any other general lien or similar right to which the Bank may be entitled by law, the Bank may at any time and without notice on the Borrower consolidate all or any of the Borrower's accounts with liabilities to the Bank and set off or transfer any sum(s) standing to the credit of any one or more of such accounts in or towards the satisfaction of the Borrower's liabilities to the Bank on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

Signed, Sealed, and Delivered, by the within-named Borrower

Signature.....  
Name of Customer.....  
Account Number.....



## **CONSENT OF DISCLOSURE**

### **For Individuals Only**

I \_\_\_\_\_ do hereby consent that Light Microfinance Bank Limited shall have the right to make disclosures of matters relating to my account(s) to third parties in accordance with the requirements of the Central Bank of Nigeria and other financial regulatory authorities in Nigeria and that the bank shall not be liable for any losses which may arise from such disclosures.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Applicant

(to be signed across a N50 Postage Stamp)

In the presence of:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_