



ACCOUNT OPENING FORM

NAME OF ACCOUNT:		ACCOUNT NO:	
RELATIONSHIP: (A) ACCOUNT OWNER () (B) SIGNATORY () (C) DIRECTOR ()			
TYPE OF ACCOUNT: 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:	
BANK VERIFICATION NUMBER:			
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:			
ACCOUNT (S) WITH OTHER BANKS:			
1. BANK NAME:	ACCOUNT NAME:		
BANK ADDRESS:	ACCOUNT NUMBER:		
2. BANK NAME:	ACCOUNT NAME:		
BANK ADDRESS:	ACCOUNT NUMBER:		
FORM OF IDENTIFICATION			
NATIONAL ID CARD () INTERNATIONAL PASSPORT () DRIVER'S LICENSE () OTHERS (SPECIFY)			
ID NO:	PLACE OF ISSUANCE:	ISSUE DATE:	EXPIRY DATE:
FOR FOREIGNERS ONLY			
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:	
REFEREES: 1. NAME:		2. NAME:	
ADDRESS:		ADDRESS:	
.....		
DECLARATION/CERTIFICATION:			
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.....	
HOW DID YOU HEAR ABOUT OUR BANK?			
BANK OFFICIAL: NAME:	SIGNATURE:	DATE:	

.....
.....
.....
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.....

REFERENCE FORM

15/05/2020

From (Referee)

Name: _____

Address: _____

To: Light Microfinance Bank Ltd. _____ Branch

CAUTION
IT IS NOT ADVISABLE TO INTRODUCE
ANY PERSON NOT WELL KNOWN TO
YOU

Dear Sir/Type equation here. _____

NAME OF APPLICANT (IN BLOCK CAPITALS)

I/We wish to recommend the above named person (above-named purpose of opening a Current Deposit Account with your Bank.

The person(s) are well known to me/us and I/We considered him/her/them suitable to maintain Current Deposit Account with your Bank.

I/We maintain a Current Account with:

Name of Bank: _____ Account No: _____

Branch: _____ Address _____

Name of Referee _____

Occupation of Referee _____

Signature(s) of Referee(s) _____

Address _____

From: Light Microfinance Bank Ltd.

(To be completed by bank Official)

(Referee's Bank) _____

Please verify the signature(s) of your client as above

Signed _____

(To be completed by Official)

(Referee's Bank)

From _____

To: Light Microfinance Bank Ltd

We hereby verify and confirm our client's signature(s) here on to be Correct/Irregular.

The above information is provided in confidence, as usual business courtesy: without responsibility of liability on our part.

Yours faithfully

Signed and stamped by Authorised Signatory

Signed and Stamped by Authorised Signatory



LETTER OF INDEMNITY

To:

Light Microfinance Bank
No.5 Noad Avenue,COCIN H/Q, Jos.

(hereafter referred to as ``the Microfinance Bank``)

In consideration of the Bank receiving clearing cheques from time to time deposited into the current Account of _____ Hereafter referred to as (`the customer`), in addition to all other charges due to the Bank, from the customer hereby UNDERTAKES AND AGREES TO:

- a) Indemnify the Bank upon demand in writing by the Bank through its representative for any loss it may incur in the event that the customer’s cheque is returned unpaid by the paying Bank.
 - b) Pay interest as the prevailing rate in the event that the customer has drawn on account before the cheque is returned.
 - C) Provide the Bank with a replacement cheque not later than three working days after the date of service notice of the cheque returned.
1. We undertake to indemnify the Bank against any loss, expenses, and damages the Bank may sustain through our failure to notify or delay in notifying the Bank of any alteration, amendment, or addition to the information/particulars supplied therein.
 2. This indemnity is to be continuing security for each clearing cheque deposited by us, and for any other liability or loss, the bank may incur in connection with my/our operating of this account dated this _____.
 3. The powers and remedies given to the Bank by this indemnity shall be in addition, and without prejudice to all rights, powers, and remedies available to the Bank under the law.

Dated this _____ day of _____ 20_____

SIGNED, SEALED, AND DELIVERED
(By the within named customer(s)_____

Name/Address

In the presence of:
Name: _____
Address: _____
Occupation: _____
Signature: _____