

ILOBU MICROFINANCE BANK LTD

P.O.BOX 346, ILOBU, OSUN STATE

REQUEST FOR OPENING OF SAVINGS ACCOUNT

(INDIVIDUAL)

ACCOUNT NO.:.....

NAME:

ADDRESS:.....

.....

POST OFFICE BOX:.....|.....

DATE OF BIRTH:..... NATIONALITY:.....

NAME AND ADDRESS OF EMPLOYER:

.....
.....

PROFESSION:

TELEPHONE NO.:..... FAX:.....

.....

READ AND APPROVED

SIGNATURE OF CLIENT AND DATE

FOR BANK USE ONLY

Required

Held

Signature Card:

Photocopy of Passport or ID:

Passport Number or ID:

Other

:

Approved By:

Name:.....

Initials:.....