



EMERALDS MICROFINANCE BANK LTD.

ACCOUNT OPENING FORM

RC: 732584

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1. TYPES OF ACCOUNT

- Emeralds Target Savings Emeralds Corporate Current Account
- Emeralds Savings Account Emeralds Current Account
- Emeralds Salary Account Emeralds Children Piggy Box
- Emeralds Esusu Account Emeralds Association Account

2. PARTICULARS

a.) Name (Individual/Company/Group & Association): _____

b.) Occupation/Nature of Business: _____

c.) Date of Birth (Individual) /Company Registration certificate Number & Date: _____

d.) Residential (Individual) or Registered (if Company) Address: _____

_____ State of Origin (Individual alone): _____

e.) Mailing /Correspondence Address: _____

f.) Telephone:- Office _____ Mobile: _____ Home: _____

g.) E-mail _____

3.) NEXT OF KIN (INDIVIDUAL)

Name: _____ Relationship: _____

Address: _____ Telephone _____

4.) IF MARRIED, NAME OF SPOUSE: _____

Occupation: _____ Office Address: _____

5. LETTER OF SET-OFF

I/we also agree that in addition to any general lien or similar right to which you may be entitled by law, you may at any time and without notice to me/us combine or consolidate all or any of my/our accounts with liabilities to you and set off or transfer any sum or sums standing to my credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with you or any other respect whether such liabilities to actual or contingent primary collateral and several or joint.

6. DECLARATION

I/we hereby apply for the opening of account(s) with **Emeralds Microfinance Bank Limited**. I/we understand that the information given herein and the documents supplied are the basis for opening such account(s) and therefore warrant that such information is correct.
I/we have read the terms and conditions governing the operations of the account(s) and agree to be bound by them.

Signature _____

Date _____

MANDATE

(1)

Name

(2)

Name

(3)

Name

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Signature

Signature

Signature

Mandate Instruction

SMS Alert

Transaction
Alert

Periodic
Alert

Enquiries
Alert

I authorize that the cost of the SMS should be debited to my account.

Account with other Banks

Name of Bank and Address	Account Number

For Official Use Only

BUSINESS LOCATION VERIFIED BY

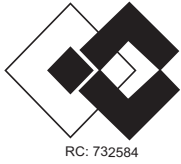
NAME: _____

POSITION: _____

DATE: _____

SIGNATURE: _____

CONFIRMED BY: _____



EMERALDS MICROFINANCE BANK LTD.

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Tel: +234-1-7349499 Email: info@adkolmemeraldmbf.com Website: www.adkolmemeraldmbf.com

REFERENCE FORM

IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL KNOWN TO YOU.

*** COMPLETION MUST BE HAND-WRITTEN**

From _____

Date: _____

Name _____

Address _____

To:  **EMERALDS MICROFINANCE BANK LTD.**

Dear Sirs,

NAME OF APPLICANT

The above named company/individual wishes to open a current account with you. They/he/she are/is well known to us/me and we/I consider them/him/her a suitable company/individual to maintain a Current Account with you.

The applicant signs thus
We/I hereby witness their/his/her signature(s) as being correct.

Our/My Bankers are _____

Name of bank

Branch

Account no

Signature of referee

Tel no:

E-mail

From:  **EMERALDS MICROFINANCE BANK LTD.**

TO (Referee's bank)

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

Signed

FROM: _____ (Referee's bank)

To: **EMERALDS MICROFINANCE BANK LTD.** _____ Branch

We hereby verify and confirm our client's signature(s) hereon correct/irregular.

Signed and stamped by
Authorised signatory

Signed and stamped by
Authorised signatory