

4. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: Verve Card Master Card Visa Card Others (specify)

Electronic Banking Preferences: Internet Banking Mobile Banking ATM/POS Other Electronic Channels (fees may apply) specify

Transaction Alert Preferences: E-mail Alert (Free) SMS Alert (Fee applies)

Statement Preferences: E-mail Post Collection at Branch Statement Frequency: Monthly Quarterly Semi-Annualy Annualy

Cheque Book Regulation: (Fees applies) Opened Cheque Crossed Cheque 25 Leaves 50 Leaves 100 Leaves

Cheque Confirmation: Will you like to pre-confirm your cheque? Yes No

Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

5. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Specify)

Date of Employment (if employed)

Annual Salary/Expected Annual Income

Annual Salary: (a) Less than N50,000 (b) N51,000-N250,000 (c) N251,000-N500,000 (d) N501,000-Less than N1million

Employer's Name

Employer's/Employment Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Nature of Business/
Occupation

Office Phone Number Fax Number

6. DETAILS OF NEXT OF KIN

Surname Other Name(S)

First Name

Date of Birth Gender F M Title (specify)

Relationship

Phone Number (1) Phone Number (2)

E-mail Address (optional)

CONTACT DETAILS

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

7. ADDITIONAL DETAILS

i Name of Beneficial Owner(s) (if any)

ii Spouse Name(if applicable)

iii Spouse Date of Birth Spouse Occupation

11. JURAT (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY THIRD PARTY)

I agree to abide by the content of the agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter

MARK OF CUSTOMER/
THUMBPRINT

MAGISTRATE/
COMMISSIONER FOR OATHS

Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF INTERPRETER

ADDRESS OF INTERPRETER

TELEPHONE NUMBER

LANGUAGE OF INTERPRETATION

12. SAVING PLAN INFORMATION

Daily Weekly (please tick)

DAILY SAVING AMOUNT N _____

LENGTH OF SAVING BEFORE WITHDRAWAL
 MONTHLY QUARTERLY EVERY HALF YEAR ONCE A YEAR AT MATURITY (please tick)

FOR BANK USE ONLY

1. REQUIREMENT CHECKLIST

Saving/Fixed/Current/Domicilliary/Fixed Investment/Other Types of Account

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Two (2) Recent passport photograph			
4.	Two (2) Independent and satisfactory references			
5.	Proof of Identity: International passport, Driver's license, National ID card, Valid Nigeria Voters Card (original must be sighted)			
6.	Proof of Address: Utility bills, etc (Certified true copy is accepted if original is not hold)			
7.	Letter from Employer/School/NYSC (for salary account only)			
8.	Resident Permit (for non-Nigerian)			
9.	Other document Provided			

2. AUTHENTICATION FOR FINANCIAL INCLUSION

i Is the customer socially or financially disadvantaged? YES NO

ii If answer to the (i) above is yes, state other documents obtained in line with the bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77 (4) of AML/CFT, Regulation, 2013

iii Does the Customer enjoy tiered KYC requirement? YES NO

iv If answer to question (iii) is yes, identify the customer risk category:
 Low Risk Medium Risk High Risk

3. AUTHENTICATION FOR POLITICALLY EXPOSED PERSON

Is the Application a Politically Exposed Person? YES NO

For Bank Use Only:

A. ACCOUNT OPENED BY:

Name

Signature _____ Date

D	D	M	M	Y	Y	Y	Y

Name

Signature _____ Date

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORIZED BY:

Name

Signature _____ Date

D	D	M	M	Y	Y	Y	Y

Name

Signature _____ Date

D	D	M	M	Y	Y	Y	Y

C. ACCOUNT OPENING AUTHORIZED/APPROVED BY:

Name

Signature _____ Date

D	D	M	M	Y	Y	Y	Y

Name

Signature _____ Date

D	D	M	M	Y	Y	Y	Y

4. CUSTOMER VISITATION REPORT

In line with the bank's policy as regard account opening requirements, find bellow the reports of customer physical visitation exercise.

Customer's Name

Customer's Account Number

Customer's Address(as contained in the account opening package)

Address Visited

Any variation as regard address visited and the one contained in the account opening package above? (if yes, kindly state it clearly)

Observation inferred(Description of building, nature of business, others _____)

Does customer have any account with us before now?(Tick as applicable) Yes No

If yes, state account type _____

Account Name

Account Number

Date of Visitation

D	D	M	M	Y	Y	Y	Y

Account Officer

Signature

CONCURENCE

Branch Manager

Signature

13. TERMS AND CONDITION

TERMS AND CONDITIONS

HASAL MICROFINANCE BANK LTD.

I HEREBY REQUEST AND AUTHORIZE YOU TO:

Open the account(s) marked overleaf in my name and at any subsequent to open such further accounts as I may direct and in consideration, I agree:

- a. To assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments, receipts and other documents relating to the account.
- b. To be bound by the Bank's rules for the conduct of an account(s), receipts of which I hereby acknowledge and to provide true and valid informations as requested in the application forms provided by the Bank.
- c. To free the Bank from any responsibility for any loss or damage to funds deposited with Bank due to any future government order, law, levy, tax embargo or such other causes beyond the Bank's control.
- d. That all funds standing to my credit are payable only in such local currency as may be in circulation.
- e. To be bound by any notification of change in conditions governing the account(s) or information relating thereto directed to my last known address and any mail sent to my last known address shall be considered as duly delivered and received at the time it would be delivered.
- f. Not to use the account(s) as a medium to convert funds belonging to other persons.
- g. To honour all cheques or other orders which may be drawn on my account provided such cheques or orders are signed by me and to debit such cheques or orders to the said account, whether such account be for the time being in credit or over draw or may become overdraw in subsequence of such debit without prejudice to your right to refuse to allow any overdraft or increase of overdraft.
- h. That if a cheque credited to my account(s) is returned dishonoured; you may notify me via my telephone number or mail.
- i. That the Bank statement(s) on my account(s) shall be sent to the address indicated overleaf.
- j. That interest will be paid on deposits in my Savings Account(s) at the Bank's ruling rates and subject to prevailing conditions.
- k. That cheques cannot be paid into my Saving Account and that funds can only be withdrawn from my Saving Account by me in person.
- l. That any change in my particulars indicated overleaf shall immediately be communicated to Hasal Microfinance Bank Ltd at the branch where the account was opened.
- m. That my attention has been draw to the necessity of safe guarding my cheques book and other Bank's instruments so that unauthorized persons are unable to gain access to them and to the fact that neglect of this precaution may be grounds for any consequential loss being charged to my account.
- n. That the Bank is under no obligation to honour any cheques(s) drawn on my Current Account unless there are sufficient funds to cover the value of the cheques and understand and agree that any such Cheques may be returned to me unpaid but if paid, I am obliged to repay the Bank on demand any outstanding sum on my account in addition to charges and interest accrued thereon.
- o. That any sum standing to the debit of my Current Account shall be liable to interest charges at the rate fixed by the bank from time to time. The Bank is authorized to debit from the account the usual banking charges, interest, commissions, and any service charge set by the Management from time to time.
- p. That in addition to any general lien or similar right to which you as Bankers may be entitled by law you may at any time and without notice to me combine or consolidate all or any of my accounts without any liabilities to you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to me towards the satisfactory of any of my liabilities to you or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.
- q. To comply all rules and regulations issued by the Bank governing the use of electric banking services which the Bank may from time to time offer and provide to me, in order to ensure banking convenience.

PLEASE SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH YOUR APPLICATION.

1. Two passport photographs with you name and signature on the back.
2. Means of identification (Any of Drivers License, International passport, National I.D Card, or Positive I.D. Card)
3. Completed Reference Forms (2 Copies)

14. DECLARATION

I/We hereby apply for the opening of any account or accounts with Hasal Microfinance Bank Ltd. I/We understand that the information given herein is the basis for opening such account(s) and hereby warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of false information or error in the information provided to the Bank.

Signature

Date

REFERENCE FORM

The Manager,
Plot 1652, Ahmadu Bello Way, Garki District, PMB 740, Abuja.
Tel: 0812-394-1500-10, E-mail: info@hasalmfb.com, Website: www.hasalmfb.com



NAME OF THE APPLICANT

I wish to confirm that the above named person(s) is well known to me and is suitable to maintain an Account with Hasal Microfinance Bank Ltd.

The Applicant signs thus: _____
And I witness the signature as being correct

I maintain a current account with:

NAME OF BANK: _____

ADDRESS: _____

AND MY ACCOUNT NUMBER IS: _____

Yours faithfully

Authorize Signature/Date

Authorize Signature/Date

Name: _____

Address: _____

CAUTION: IT IS NOT ADVISABLE TO INTRODUCE ANYPERSON NOT WELL KNOWN TO YOU

REFERENCE FORM

The Manager,
Plot 1652, Ahmadu Bello Way, Garki District, PMB 740, Abuja.
Tel: 0812-394-1500-10, E-mail: info@hasalmfb.com, Website: www.hasalmfb.com



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