



Account Number:

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--

Account Name:

Address

Tel No: (Mobile)

Tel No: (Office/Home)

Title (Mr, Mrs etc)		Class	Photograph
Name			
Designation			
Signature			
Title (Mr, Mrs etc)		Class	Photograph
Name			
Designation			
Signature			

Title (Mr, Mrs etc)	Name	Photograph
	Signature	
Title (Mr, Mrs etc)	Name	Photograph
	Signature	

(FOR BANK USE ONLY)

Operations Manager's Signature

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Account Opening Officer's Signature

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Resident Internal Control Officer's Signature

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Customer Service Officer's Signature

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APEX TRUST MICRO FINANCE BANK LTD

RC 723251

Account No:

Surname: _____ Title

Other Names: _____
First Name Middle Name

Residential Address: _____
(Not P.O.Box)

Mailing Address _____

Telephone: _____

Office: _____ Mobile: _____ Home: _____

Date of Birth: Day Month Year Nationality: _____ State: _____

Local Govt Area: _____

E-mail: _____
Business

Occupation Name & Address _____

Employer's Name: _____

Employer's Address: _____

Mother's Maiden Name: _____ No of Children: _____

Name of First Child: _____ Child's Date of Birth: _____

Type of Account (Please mark the type of Account(s) you want to open) Current (References required) Deposit Savings

Please sign in black ink within the box

Signature

Usual Signature

NEXT OF KIN

Name: _____

Relationship: _____ Mobile No: _____

Contact Address: _____

Declaration

I hereby apply for the opening of account(s) with Apex Trust Micro finance Bank Ltd. I 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 have read the terms and conditions governing the operations of this account(s) which are presented overleaf and agree to be bound by them.

Signature Day Month Year

KNOW YOUR CUSTOMER (KYC) FORM

(To be filled by Bank Staff)

Title: _____ Account Name: _____

Professional/Line of Business: _____

Estimated Annual Turn/Salary: N _____

Customer Classification: Walk in Marketed Account Officer

Type of Account: Current Savings Corporate Others _____

Documentation checked and originals sighted (please tick): Yes No

Utility Bill Submitted: Yes No

(Compulsory for all individual accounts)

CUSTOMER ADDRESS VERIFICATION/CALL MEMO

(This section must be completed for all corporate customers)

Address visited: _____

Comment on location e.g landmarks; etc: _____

Name of Visiting Staff: _____ Signature: _____

Date of Visitation: _____

Certification

I hereby confirm that the information contained herein is correct and a true representation of the customers' profile

Name: _____

Signature: _____ Date: _____



APEX TRUST MICRO FINANCE BANK LTD

RC 723251

CAUTION!!!

It is dangerous to introduce a person who is not well know to you

REFERENCE LETTER

From _____
Reference Name _____
Address _____
Date _____

To: The Manager

APEX TRUST M.F BANK LTD.
FMBN Building Dugbe, Ibadan

Dear Sir,
MR/MRS/MISS: _____

This is to confirm that the above name person is well know to me and I consider him/her suitable to operate a current account in your bank I can assist in locating him/her whenever required. I maintain a current account with:

NAME OF BANK: _____

BRANHC: _____

ACCOUNT NUMBER: _____

REFEREE SIGNATURE: _____

From: **APEX TRUST** _____ Branch
MICRO FINANCE BANK LTD.

To: Referee's Bank _____

Kindly verify the signature and suitability of your client that is acting as a referee to our customer.

Manager _____

From: Referee's Bank _____

To: **APEX TRUST** _____
MICRO FINANCE BANK LTD.

We verify the signature of our client and make comments on his/her suitability as a referee below

Comment _____

Signature and Stamp _____ Signature and Stamp _____