CSM BANK
RC:19737

CLAZICSTANDARD
MF BANK LTD

...the bank that empowers your business

HEAD OFFICE:
118A ELSIE FEMI PEARLE,
VICTORIA ISLAND - LAGOS

BRANCH OFFICE:
5 ETIM OKON USANGA STREET, UYO - AKS
#34 ESSIEN INYANG IDEH STREET, ABAK
AKS
Uyo, No.104 - Nsikak Eduok Avenue 2lane Uyo Aks

ACCOUNT OPENING FORM- INDIVIDUAL / COMPANY

Afix passport photograph here

Category of account: (Tick as appropriate)

Joint Account ☐ Individual Account ☐ Corporate Account ☐

Current Type:(Tick as appropriate)

Current Account ☐ Fixed Deposit Account ☐ Saving Account ☐ Loan Account

This form should be completed in CAPITAL LETTERS characters and Marks should be similar in style to the following ABC

BRANCH

BVN

1. PERSONAL INFORMATION

Title Surname company name

First name Other name

Marital Status (Tick as appropriate) Single ☐ Married ☐ Others (Please Specify) Gender: F ☐ M ☐

Place of Birth Date f Birth D D M M Y Y Y Y

Mother's Maiden Name

Nationality (Non Nigerian) Resident Permit No

Permit Issue Date Permit Expiry Date

L.G.A. State of Origin

Tax Identification Number (TIN) Religion (Optional)

Purpose of Account

2. CONTACT DETAILS

Residential Address

Street Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Mailing Address

Phone Number (1) Phone Number (2)

Email address:

people in peticular on instances - artisans, petty traders, students who may not have the prescribed id's

3. VALID MEANS OF IDENTIFICATION

Card preference verve card ☐ master card ☐ visa card ☐ others (please specify) Others (please specify)

Electronic Banking Preferences, Internet Banking ☐ mobile banking ☐ ATM/POS ☐ Other Electronic Channels(fees May Apply) Specify

transaction alert preference:sms ☐ e-mail ☐ collection at branch ☐ statement frequence monthly ☐ quarterly ☐ semi-annually ☐ annually ☐

cheque book requisition (free applies) open cheque ☐ crossed cheque ☐ 25 leaves ☐ 50 leaves ☐ 100 leave ☐

cheque confirmation will you like to pre- confirm your cheque? yes ☐ no ☐

cheque confirmation theshold: if the answer to the answer to the above is yes, please specify the theshold

GET INSTANT BUSINESS LOAN WITH YOUR COLLATERAL.

Employed Self Employed Unnployed Retirea Student Others (please Specify)

Date Of Employment Of Employed D D M M Y Y Y Y

Annual Salary / Expected Annual Income

Annual Salary (a) Lese Than N50,000 (b) N 51,000-n250,000 © N251,000-less Than 1 Million (d) N501,000-less Than 1Million (e) Nim Less Than N50m

Employed Name

Employer's / Employment Address

Home Number Street Name

Nearest Bus Stop / Landmark

City / Town Local Government

State

Nature Of Business Occupation

Other Phone Number Fix Number

Details Of Next Of Kin

Surname **Other Name (s)**

First Name

Date Of Birth D D M M Y Y Y Y **Gender: f m title (specify)**

Relationship

Mobile Number **Mobile Number 2**

Email Address

Contact Details

house number **Street Name**

Nearest Bus Stop / Land Mark

City / Town **Local Govt. Area**

State

1. name of boncial owner(s) (if any)

ii. Spouse's Name Applicable

iii. Spouse's Date Of Birth D D M M Y Y Y Y Spouse Occupation

iv. spouse's funo to the account 1

2

Expected Annual Income From Other Source

V. Name Of Associable Business (es) If Any 1

2

3

Vi. Type Of Business

Vii. Business Adress

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MF BANK LTD

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1. REQUIREMENT CHECKLIST

SAVINGS ACCOUNT

S/N	DOCUMENT REQUIRED	CHECKED	DEFFERRED	WAIVED
1	Duly completed account opening form			
2	Specimen signature card duly completed			
3	Recent passport photograph			
4	Proof Of Identity International Passport Driver's License, National Id Card			
5	Resident Permit (For Non Nigerian)			
6	Proof of address: utility bills, etc(carbon true copy is acceptable if original is not held)			
7	Letter Form Employer School/NYSC (For Salary Account and of Student Only)			

FIXED / CURRENT DOMICILARY /FIXED INVESTMENT/ OTHER TYPES OF ACCOUNT

S/N	DOCUMENT REQUIRED	CHECKED	DEFFERRED	WAIVED
1	Duly completed account opening form			
2	Specimen signature card duly completed			
3	Two (2) Recent passport photograph			
4	Two (2) independence and satisfactory references			
5	Proof Of Identity International Passport Driver's License, National Id Card			
6	Resident Permit (For Non Nigerian)			
7	Letter Form Employer (for salary account only)			
8	Proof of address: utility bills, etc(carbon true copy is acceptable if original is not held)			
9	Other document provided			

2. AUTHENTICATION FOR FINANCIAL INCLUSION

i. Is the customer socially or financially disadvantaged? Yes ☐ No

ii. If the answer to the (1) above is yes, state other documents obtained in line with bank's policy on socially/financially disadvantaged Customer in Compliance Regulation 77(4) of AML/CFT Regulation, 2013

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(iii) above is yes, identity the customer risk category

iv. If answer to question

Low risk ☐ Medium Risk ☐ High Risk ☐

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the applicant a politically exposed person? Yes ☐ No ☐

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A. ACCOUNT OPEN BY

Name

Signature:..... Date: D D M M Y Y Y Y

Name

Signature:..... Date: D D M M Y Y Y Y

GET INSTANT BUSINESS LOAN WITH YOUR COLLATERAL.

ACCOUNT HELD WITH OTHER BANKS:

	NAME AND ADDRESS OF BANK / BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE / DORMANT
1				
2				
3				
4				

9. TERMS AND CONDITIONS

Each Financial Institution Is To Develop Its Own Terms and Conditions

The Conditions Should Include A Pledge/Stringent Conditions For Current Account Customers On Issuance Of Dud Cheques10. ACCOUNT MANDATE

ACCOUNT HELD WITH OTHER BANKS:

(Please Tick As Appropriate)

A. Category of account:

Joint account: ☐ Individual Account: ☐ Corporate Account: ☐

Account Type:

Current Account: ☐ Fixed Deposit Account: ☐ Saving Account: ☐ Loan Account:

B. Account Name:.....

c. Account Number ☐☐☐☐☐☐☐☐☐☐ (for official use only)

D. Mandate Authorization/Combination Rule (please tick as appropriate): Sole Signatory ☐ Either to sign ☐ Both to sign ☐

E. Signatories:

NAME

Surname:.....

First Name:.....

Other Name:.....

Class of Signatory:.....

Identification Type:.....

Identification No:.....

Telephone Number:.....

Signature and Date:.....

PHOTO

FOR BANK USE ONLY		FOR BANK USE ONLY	
Name	signature	Name	signature

11. DECLARATION

I/we hereby apply for the opening of account (s) with.....Bank Ltd. I/we understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/we therefore warrant that the above information is correct.

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

1. Name.....Signature.....Date.....

2.Name.....Signature.....Date.....

12. WHERE THE APPLICANT IS NOT LITERATE OR BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY

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

MARK OF CUSTOMER THUMB PRINT ☐

MAGISTRATE/ COMMISSIONER FOR OATHS ☐

DATE D D M M Y Y Y Y

NAME OF INTERPRETER ☐

ADDRESS OF INTERPRETER ☐

TEL. NO ☐

LANGUAGE OF INTERPRETATION ☐

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Uyo, No.104 - Nsikak Eduok Avenue 2lane Uyo Aks

ACCOUNT OPENING MANDATE

Afix passport photograph here

Signature Mandate 1

.....

Signature Mandate 2

.....

1. PERSONAL INFORMATION

Title Surname Company Name

First name Other name

Marital Status (Tick as appropriate) Single Married Others (Please Specify) Gender: F M

Place of Birth Date f Birth D D M M Y Y Y Y

Mother's Maiden Name

Nationality (Non Nigerian) Resident Permit No

Permit Issue Date Permit Expiry Date

L.G.A. State of Origin

Tax Identification Number (TIN) Religion (Optional)

Purpose of Account

2. CONTACT DETAILS

Residential Address

Street Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Mailing Address

Phone Number (1) Phone Number (2)

Email address:

3. VALID MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport INEC Voter's Card Others (please specify)

ID No ID Issue Date D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y

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

Name

Signature..... D D M M Y Y Y Y

Name

Signature..... D D M M Y Y Y Y

C. ADDRESS VERIFICATION CARRIED OUT BY

Name

Signature..... D D M M Y Y Y Y

Name

Signature..... D D M M Y Y Y Y

COMMENT(S) (Address description and result finding)

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.....

.....

.....

D. ACCOUNT AUTHORIZATION

Name

Signature..... D D M M Y Y Y Y

Name

D D M M Y Y Y Y

Welcome To

CSM BANK
RC:19737

CLAZICSTANDARD
MF BANK LTD

09058877336 Clazicstandard Www.csmfbank.org.ng Info@csmbank.org.ng

34 Esssien Inyang Ideh Street, Abak, Akwa Ibom State

Uyo Brach NO 104 NSIKAK EDUOK AVENUE

(2LANE)UYO,AKWA IBOM STATE

Hank You Fort Choosing Csm Bank

Customer Name:.....

Customer Signature:.....

The Bank That Empower Your Business