

SAVINGS ACCOUNT OPENING FORM

Account Type _____

Personal Information

Account Name		
First Name	Identification	
MiddleName	Date of Birth	
Last Name	Occupation	
Gender	Country	
Signatories	Mobile Telephone	
Address		
City	State	
E-mail	Fax	
Home Phone	Work	
Account Group Type	Branch	
Employer Information		
Employer Name		
Employer Address		
Employer City	Employer State	
Employer Country		
Next of Kin / Spouse		
Full Name		
Address		
City	State	Country
Telephone	E-mail	

I hereby request and authorise you to open a savings account in my name.

I certify that the above particulars are true and correct.

I agree

- To guard against access to my withdrawal slip by unauthorised persons.
- That interest will be allowed on my savings account at ruling rates and subject to prevailing conditions.
- That all sums for the credit of my account should be accompanied by a pay-in-slip showing the name and number of the credited. The entry of the transaction will be verified by the initial of an officer of **Mutual Benefits Microfinance Bank Ltd.** on the duplicate of the pay-in-slip.
- That any change in my address should at once be communicated to **Mutual Benefits Microfinance Bank Ltd.** At the branch where my account opened.

Signature

DD	MM	YY
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Date

FOR OFFICIAL USE ONLY

Scanned By:		
	Account Officer	Signature & Date
Account Opening By:	CIS Officer	Signature & Date
	CIS Officer	Signature & Date
	Head - CIS	Signature & Date



Rc 725150

MUTUAL BENEFITS MICROFINANCE BANK LTD

CUSTOMER ADDRESS/LOCATION VERIFICATION FORM

Date of Physical Visitation _____

Name of Customer _____

Registered /Residential Address _____

Nearest Bus-stop _____

Business Address _____

Nearest Bus-stop _____

Detailed Report of Location(s) Visited _____

Officer's comment _____

Name and Signature of Visiting Officer _____ Date _____

Regional Manager's Comment _____

Regional Manager's Name and Signature _____ Date _____



Mutual Benefits Microfinance Bank Ltd.

RC 725150

CUSTOMER BASIC INFORMATION (KYC)

This is administered on all customers before an account is opened and to update existing customer information with the Bank. It is imperative that the information supplied is accurate

NAME (SURNAME FIRST): _____

DATE OF BIRTH: _____ MARTIAL STATUS: _____

NAME OF SPOUSE: _____ NO. OF CHILDREN: _____

ADDRESS (HOME): _____

TEL. NO.: _____ E-MAIL ADDRESS: _____

INT'L. PASSPORT/DRIVERS LICENSED NO: _____

ADDRESS: (OFFICE): _____

_____ TEL NO.: _____

OCCUPATION / LINE OF BUSINESS: _____ JOB TITLE: _____

ARE YOU SELF EMPLOYED? YES: _____ NO: _____

IF SELF EMPLOYED, STATE NAME OF COMPANY: _____

ADDRESS: _____

TEL: _____

WHO INTRODUCED YOU TO MBMFB: _____

EMPLOYMENT HISTORY EMPLOYER	POSITION	PERIOD
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PRESENT EMPLOYER: _____ POSITION: _____

NO. OF YEARS WITH PRESENT EMPLOYER: _____ ANNUAL INCOME: _____

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case of any of the above information is found to be false or untrue or misleading or misrepresenting. I am/we are aware that I/we may be held liable for it.

Place _____ Date _____

In-Person Verification carried out on: _____

Account Officer's Name: _____

Designation: _____

Branch: _____ Staff I.D. No.: _____

Originals Verified Self Certified Document copies received (Attested) True copies of documents received

Account Officer's Signature

Account Opening by: _____