



CUSTOMER ID NO (OFFICIAL USE)

CUSTOMER ACCOUNT NO. (FOR OFFICIAL USE)

BVN

DATE

**AFFIX
PASSPORT
PHOTOGRAPH
HERE**

BRANCH:

REFERRAL ID:

INDIVIDUAL OPENING ACCOUNT FORM

**CUSTOMER DETAILS IN BLOCK LETTERS
KINDLY TICK APPROPRIATELY IN THE BOXES
PROVIDED.**

PERSONAL DATA:

TITLE: _____ SURNAME: _____ FIRST NAME: _____ OTHERS: _____
 MARITAL STATUS: MARRIED SINGLE WIDOW DIVORCE GENDER: MALE FEMALE DOB:
 MOTHER'S MAIDEN NAME: _____ NATIONALITY: _____ RESIDENTIAL ADDRESS: _____
 STATE OF ORIGIN: _____ STATE RESIDING CURRENTLY: _____ L.G.A. OF ORIGIN: _____
 L.G.A. RESIDING CURRENTLY: _____ RELIGION: _____ NICK NAME: _____
 OCCUPATION: _____ TYPE OF BUSINESS: _____
 OFFICE ADDRESS: _____ E-MAIL ADDRESS: _____
 HOBBIES: _____ PHONE NUMBERS:

NEXT OF KIN DETAILS:

SURNAME: _____ FIRST NAME: _____ OTHERS: _____
 RELATIONSHIP: _____ RESIDENTIAL ADDRESS: _____ PHONE NO:

ACCOUNT OPTION:

BEST DAILY DIGITAL SAVING ACCOUNT (BDDSA) BEST WEEKLY SAVING ACCOUNT (BWSA) BEST MONTHLY SAVING ACCOUNT (BMSA)
 BEST CHRISTMAS SAVING ACCOUNT (BCSA) BEST KID SAVING ACCOUNT (BKSA) BEST STUDENT SAVING ACCOUNT (BSSA)
 BEST INVESTMENT ACCOUNT (BIA)

MODE OF IDENTIFICATION:

NATIONAL ID CARD VOTING CARD DRIVER LICENSE INTERNATIONAL PASSPORT WORK ID CARD
 STUDENT ID CARD PASSPORT

ACCOUNT CHARGES APPLY (OPTION YOUR MOST USEFUL):

VERVE/VISA ATM CARD ONLINE BANKING E-MAIL ALERT (FREE) SMS ALERT APPLY FEE

APPLY FOR CHEQUE BOOK (MINIMUM CHEQUE REQUEST 25 LEAVES & ABOVE):

CHEQUE BOOK REQUEST: 25 LEAVES 50 LEAVES 75 LEAVES 100 LEAVES OTHER

AGREEMENT TO BEST ACCOUNT OPENING/DECLARATION:

I/WE confirm and agree that my/our account(s), all Banking transactions, or "me" or "we" and **Best MPCS Microfinance Ltd** (the Bank) shall govern by the conditions specified below and or the terms of any specific agreement between me/us and the Bank or where not regulated by either of the conditions of such agreement, by customary banking practices in Nigeria:

1. The Bank will not establish or operate the requested accounts (s) unless and until it has received the required supporting documents for the account, a list of which has been provided to us by the (customer) and is included with this application form.
2. The Bank is hereby authorized to undertake all "know your customer" (KYC) procedures specified by applicable law and/or regulations and/or Bank policies including the confirmation of our details and legal status all the appropriate government registry. I/We hereby authorize you to debit my/our account without further notice to me/us for the costs attendant to such (KYC) procedures.
3. The Bank may, without prior notice, impose or change the minimum balance requirements for my/our account for or the changes relating to such account(s) or any of them.
4. Commission and charges shall be levied in accordance with the Bank Standard Scale charges in Force from time to time. The Bank reserve the right to at any time amend its rates of interest, standard scale of charges and/or condition.
5. The Bank is authorized, where the balance standing to the credit of my/our account(s) is below the requirement minimum balance to other amend the rate(s) of interest payable or close the account(s).
6. The Bank is authorized to transfer money from my/our account to any other account and that which is maintained by me/us.
7. The Bank shall be entitled to retain and not repay any amount whatsoever that is owed by me/us. Unless and until all amount owed by me/us to the bank is fully paid.
8. I/We hereby authorized the bank to debit my/our account with the cost incurred in respect of the service.
9. Note that the Bank will accept no liability whatsoever for funds handed to members of the staff outside banking hour or the bank premises.
10. Where the conditions are signed by me/us therefore means the terms/conditions are accepted.

NAME IN FULL: _____ **SIGN:** _____ **DATE:** _____

OFFICE USE ONLY

VERIFIED BY: _____ DATE: _____ SIGN: _____

ACCOUNT OFFICER NAME IN FULL: _____

ACCOUNT OFFICE ID NO:

