



CITIZEN TRUST MICROFINANCE

RC1255153 _____ BANK NIG.LTD, OFFA

INDIVIDUAL ACCOUNT OPENING FORM

SURNAME _____
OTHER NAMES _____

TITLE(Please Specify)

RESIDENTIAL ADDRESS: _____
(NOT P.O BOX)

MAILING ADDRESS: _____

TELEPHONE _____ OFFICE: _____

MOBLIE _____ HOME: _____

DATE OF BIRTH: _____ NATIONALITY: _____ NAT.I.D.NO: _____

LOCAL GOVT.AREA.: _____ POSTER CODE _____

FOREIGNERS RESIDENTIAL PERMIT NO: _____

TAX IDENTIFICATION NO _____

EDUCATIONAL LEVEL: _____ CERTIFICATE DATE: _____

E-MAIL: _____ BUSINESS/OCCUPATION _____

DATE _____ OF _____ EMPLOYEMENT _____ BUSINESS/OCCUPATION

ADDRESS _____

EMPLOYER'S NAME _____

PREVIOUS EMPLOYER'S NAME _____

NAME OF FIRST CHILD: _____

CHILD'S BIRTH DATE _____

TYPE OF ACCOUNT _____

(Please Mark the Type of _____ COMPANY CURRENT SALARY CURRENT PERSONAL CURRENT

Account(s) you Want To Open) (References required) (References required) (References required)

PERSONAL SAVINGS

Please sign in black ink within the box

SIGNATURE (For Mandate Purpose)

USUAL SIGNATURE

PASSPORT
PHOTOGRAPH

NEXT OF KIN

NAME _____

RELATIONSHIP _____ MOBLIE NO _____

CONTACT

ADDRESS _____

DECLARATION: I hereby apply for opening of accounts with Citizen Trust Microfinance Bank Nig. Ltd. I understand that the information giving herein and the documents supplied are basis for such accounts and therefore warrant that such information is correct.

Signature