



## MANDATE FORM

20200

I/We request to open a Current/Savings account with you  
Instructions are to be signed singly/jointly

0 - 50,000  100 - 500,000  500,000 - 1,000,000   
1,000,000 - 3,000,000  3,000,000 and above

AFFIX  
PASSPORT  
SIZE PHOTO

AFFIX  
PASSPORT  
SIZE PHOTO

AFFIX  
PASSPORT  
SIZE PHOTO

Date: \_\_\_\_\_

CURRENT  SAVINGS  Account Number

SURNAME \_\_\_\_\_ TITLE \_\_\_\_\_ GENDER \_\_\_\_\_

OTHER NAMES \_\_\_\_\_ HOME TOWN \_\_\_\_\_ LGA \_\_\_\_\_ STATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE Nos \_\_\_\_\_ MOBILE \_\_\_\_\_ HOME \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

EMPLOYER & ADDRESS \_\_\_\_\_

DISTRICT \_\_\_\_\_ STATE \_\_\_\_\_

L.G.A \_\_\_\_\_ PHONE NO \_\_\_\_\_

ANNUAL INCOME \_\_\_\_\_ ALERT YES/NO \_\_\_\_\_

OFFICE / BUSINESS ADDRESS: \_\_\_\_\_

FULLY OWNED  MORTGAGED  RENTED  OTHERS (Please specify) \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

FULLY OWNED  MORTGAGED  RENTED  OTHERS (Please specify) \_\_\_\_\_

PERMANENT HOME ADDRESS (ORIGIN): \_\_\_\_\_

FULLY OWNED  MORTGAGED  RENTED  OTHERS (Please specify) \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  WIDOWED  DIVORCED  SEPARATED

MOTHER'S MAIDEN NAME: \_\_\_\_\_ TEST QUESTION/ANS \_\_\_\_\_

MEANS OF IDENTIFICATION: NATIONAL I.D  DRIVERS LICENSE  INT'L PASSPORT

OTHER I.D \_\_\_\_\_ (Please specify)

NEXT OF KIN \_\_\_\_\_

NAME/ADDRESS OF NEXT OF KIN \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

REFERENCE (I) \_\_\_\_\_

ADDRESS \_\_\_\_\_

(II) \_\_\_\_\_

ADDRESS \_\_\_\_\_

### ACCOUNTS WITH OTHER BANKS

S/N	BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER





RESIDENTIAL ADDRESS: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

TO  
SAGAMU MICROFINANCE BANK LTD.

## REQUEST FOR OPENING OF CURRENT/SAVING/FIXED DEPOSITS ACCOUNT

I/WE REQUEST AND AUTHORISED YOU in the name of ..... Under the following terms and regulations:

- (1) To open a Current/Saving/Fixed Deposit in my/our name and at anytime subsequently to open further account at I/We direct
- (2) That we/I hereby agree:
  - a. To comply with and be bound by the rules for the time been and from time to time inforce governing Current Account/Saving/Fixed deposits Account
  - b. That all funds, standing to the credit of the Company's Account/Club, Enterprises, Church/Mosque, Co-operative society etc shall be payable on demand only.
  - c. That no notice which may be given to the bank by me/us shall be binding upon bank until shall have received by the bank and sufficient time shall have elapsed thereafter to permit the bank in due course and by such means as it may deem appropriate
  - d. To notify such of it's departments, offices, branches and correspondents as it may deem to be concerned or affected thereby: that the bank will accept no liability whatsoever for fund handed to members of the staff outside banking hours or outside the Bnak's premises unless specific arrangement have contracted for are in force.
  - e. To be bound by the Bank's rules for the conduct of an account(s), receipt of which I/We hereby acknowledge
  - f. To free the Bank from any responsibility or liability for any loss or damage to funds deposited with the Bank due to any future Government order, law, levy, tax, embargo, or such other causes beyond the bank control
  - g. That all funds standing to my/our credit are payable only in the account currency as may be in circulation.
  - h. To be bound by any notification relating thereto directed, to my/our last known address and any mail sent to my/our last known address shall be considered as duly delivered received by me at the time it is delivered at the last known address.
  - i. That interest will be paid on deposits in my/our savings account(s) at the Bank's ruling rates and subjects to prevailing conditions
  - j. That any change in my/our particulars indicated overleaf shall immediately be communicated to Sagamu Microfinance Bank Ltd at the Head office/branch/center where the account was opened.
  - k. Not to use account(s) as medium to convert funds belonging to other persons.
  - l. That in addition to any general lien or similar right to which you as bankers may be entitled by law you may ay any time and without notice to me/us combine or consolidate all or any of my/our accounts without any liabilities to you and to set off or transfer any sum of sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques. valuable, deposits, securities, negotiable instruments or other assets belonging to me/us towards the satisfaction of any of my/our liabilities to any other account or in any other respects whether such liabilities be actual or contingent, primary or collateral and several or joint.
  - m. To comply with all rules and regulation issued by the Bank governing the use of electronic banking service which the bank may from time to time offer and provide to me/us, in order to ensure banking convenience.

\_\_\_\_\_  
Authorized Signatory/Date

\_\_\_\_\_  
Authorized Signatory/Date





## INDEMNITY

I/We hereby agree to indemnify Sagamu Microfinance Bank in full against any action, claim, proceeding loss, expense or damage arising from this account or, representations made by me in respect of this account or for whatsoever in connection with this account. I/We further confirm that all my/our dealings in respect of this account shall not be contrary to any subsisting law or regulation in Nigeria or any other country.

## INDEMNITY

I/We hereby apply for account(s) with Sagamu Microfinance Bank. I/We 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.

Date: \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Name/Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name/Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name/Signature \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature

Authenticated by

SAGAMU MICROFINANCE BANK LIMITED			
SPECIMEN SIGNATURE FORM - PERSONAL ACCOUNT			
<input type="checkbox"/> CURRENT		<input type="checkbox"/> DEPOSIT	
Surname		Title	
Other Names			
Employer Address			
Occupation			
Phone No:	Mobile:	Home:	
Residential Address			
Business Address			
Date of Birth			
Other Banks			
Account No			
Means of Identification/No:			
Affix Passport Photograph		(Specimen Signature)	
Date Account Opened.....			
Account Number			
If Married Woman - Please complete:			
Name of Husband			
Occupation			
Employer(s)			
Phone No:	Mobile:	Home:	
Acct. Officer's Name / Sign			
Initial deposit:			
ID Card No			
Ledger card No:			
Daily Contr. Card No:			
Mandate Instruction			
_____ AUTHORISED-BY		_____ AUTHENTICATED BY	

