



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 <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	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 <input type="checkbox"/> MORTGAGED <input type="checkbox"/> RENTED <input type="checkbox"/> OTHERS (Please specify)							
RESIDENTIAL ADDRESS:							
FULLY OWNED <input type="checkbox"/> MORTGAGED <input type="checkbox"/> RENTED <input type="checkbox"/> OTHERS (Please specify)							
PERMANENT HOME ADDRESS (ORIGIN):							
FULLY OWNED <input type="checkbox"/> MORTGAGED <input type="checkbox"/> RENTED <input type="checkbox"/> OTHERS (Please specify)							
MARITAL STATUS: SINGLE <input type="checkbox"/>		MARRIED <input type="checkbox"/>		WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>	
MOTHER'S MAIDEN NAME:		TEST QUESTION/ANS					
MEANS OF IDENTIFICATION: NATIONAL I.D. <input type="checkbox"/>		DRIVERS LICENSE <input type="checkbox"/>		INT'L PASSPORT <input type="checkbox"/>			
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



SAGAMU MICROFINANCE BANK LTD

"First Among Equals"

(RC 201461)

RESIDENTIAL ADDRESS:

19

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		Date Account Opened.....	
Surname _____ Title _____		Account Number _____	
Other Names _____		If Married Woman - Please complete:	
Employer Address _____		Name of Husband _____	
Occupation _____		Occupation _____	
Employer(s) _____		Employer(s) _____	
Phone No: _____ Mobile: _____ Home: _____		Phone No: _____ Mobile: _____ Home: _____	
Residential Address _____		Acct. Officer's Name / Sign _____	
Business Address _____		Initial deposit: _____	
Date of Birth _____		ID Card No _____	
Other Banks _____		Ledger card No: _____	
Account No _____		Daily Contr. Card No: _____	
Means of Identification/No: _____		Mandate Instruction _____	
Affix Passport Photograph		(Specimen Signature)	
		AUTHORISED BY _____ AUTHENTICATED BY _____	



SAGAMU MICROFINANCE BANK LTD

(RC 201461)

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SPECIMEN SIGNATORIES FORM

CURRENT / SAVINGS / DEPOSIT ACCOUNT:- JOINT, COOPERATIVE SOCIETY, CLUB, ENTERPRISES, LIMITED LIABILITY COMPANY/ CHURCHES, MOSQUE ETC.

Both / All / to sign Delete as necessary

Account Number: _____

Date Account Opened _____

Date: _____

Account Officer's Name & Signature: _____

Initial Deposit: _____

SMFB I.D Card No: _____

Full Title of Account: _____

Business/Contact Address: _____

Surname

Other Name

Profession or Title

Specimen Signature

Occupation

Means of Identification/No:

Phone No / Home / Mobile

1

2

3

Mandate Instruction _____

Other Banks / Account No: _____

1

2

3

Authorized by

Authenticated by:

SAGAMU MICROFINANCE BANK LTD

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(RC 201461)



REFERENCE FORM

15681

Caution: It is very dangerous to introduce any applicant(s) who is/are not well known to you

NAME OF APPLICANT(S) _____

I/We wish to confirm that I/We have known the above named applicant(s) for a period of _____ and He/She/They is/are considered suitable to maintain a current account with the Bank.

I/We maintain a current account with:

Name of Bank: _____

Address/Full Postal Address: _____

Account Number: _____ Contact Phone No(s) _____ Home: _____ Mobile: _____

Name of REFEREE: _____

Addresses: 1. Office / Business Address _____

2. Residential Address: _____

3. Permanent Home Address (origin) _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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3. Permanent Home Address (origin) _____

Signature: _____ Date: _____

Signature: _____ Date: _____