



Sagamu Microfinance Bank Ltd

E-Services Requisition Form

APPLICANT'S DETAILS

DATE: _____

Account Name _____

Account Number Domiciled Branch _____

Account Type: Saving Current Corporate Phone No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____

TYPE OF SERVICE REQUESTED:

Card Request: New Replacement of Stolen/Lost/Damaged Card
ATM Card: Correspondence Banking (Micr Cheques)
Mobile Self Service: USSD Code
E-Mail Alert:

AUTHORITY TO DEBIT:

Kindly debit my Account (Account No: _____) for the cost of the E-Channels Service.

Customers Signature

Customer's Signature

.....For Official Use Only.....

Initiated By:

Approved By:

O/C Customer Service

Operations Manager



Sagamu Microfinance Bank Ltd

E-Services Requisition Form

APPLICANT'S DETAILS

DATE: _____

Account Name _____

Account Number Domiciled Branch _____

Account Type: Saving Current Corporate Phone No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____

TYPE OF SERVICE REQUESTED:

Card Request: New Replacement of Stolen/Lost/Damaged Card
ATM Card: Correspondence Banking (Micr Cheques)
Mobile Self Service: USSD Code
E-Mail Alert:

AUTHORITY TO DEBIT:

Kindly debit my Account (Account No: _____) for the cost of the E-Channels Service.

Customers Signature

Customer's Signature

.....For Official Use Only.....

Initiated By:

Approved By:

O/C Customer Service

Operations Manager