Sagamu Microfinance Bank Plc
E-Services Requisition Form

APPLICANT'S DETAILS **Date: _____**

Account Name: _____

Account Number: _____

Account Type: Savings ☐ **Current** ☐ **Corporate** ☐

Phone No _____

Address:_____

_____

Email Address: _____

TYPE OF SERVICE REQUESTED:

Internet Banking ☐

_____

Customers Signature

.....For Official Use Only……

_____

O/C Customer Service

_____ **_____**

Initiated By **Approved By**