

AFTA MY KIDS ACCOUNT OPENING FORM

Name of Junior Saver:

Residential Address:

Mailing Address:

Date of Birth: (Junior Saver) DD/

MM/

YY/

Nationality:

Name of Junior Saver's School:

School Address:

Email:

Name of Parents/Guardian/Sponsor:

Name of Relationship (For non biological parent, please give details)

Tel: (Home)

Mobile:

E-mail:

Address:

BVN:

NIN:

Nature of Business:

Please sign in black ink within the box

SIGNATURE (For mandate purpose)

**PASSPORT
PHOTOGRAPH**

2ND PARENT/SPONSOR: (For joint account purpose)

Name

SIGNATURE (For mandate purpose)

**PASSPORT
PHOTOGRAPH**

AUTHORIZED COMBINATION:
(For Joint Account Purpose)

DECLARATION:

I hereby apply for the opening of account(s) with Addosser Microfinance Bank Ltd. I 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.

I have read the terms and conditions governing the operation of the account(s) which are presented overleaf and agree to be bound by them.

Signature

PLEASE TURN OVERLEAF FOR TERMS AND CONDITIONS

DD

MM

YY

Addosser MicroFinance Bank Ltd.

I HEREBY REQUEST AND AUTHORISE YOU TO:

Open the account marked overleaf in my name and at any time subsequently to open such further accounts as I may direct and in consideration, I agree:

1. To guard against access to the withdrawal slip by unauthorized persons.
2. To act as sole/ co-signatory to the account. (Delete as appropriate)
3. That interests will be paid on the account at ruling rates and subject to prevailing conditions.
4. That withdrawals can only be made by the account holder/ signatory on the basis of the withdrawal slip/passbook.
5. That any change in the address or data of the account holder/ signatory shall immediately be communicated to Addosser Micro Finance Bank Ltd.
6. That the bank's statement(s) on my account(s) shall be sent to the email address indicated overleaf and from time to time such other information relevant to the account may be sent to the mobile number indicated overleaf. Any disagreements with entries on my Bank's statement(s) shall be made by me in writing and delivered to the Bank within 15 days of the print date indicated thereon, failing which, the Bank shall consider the statement rendered to be correct.
7. To comply with all rules and regulations issued by the Bank governing the use of electronic banking services which the Bank may from time to time offer and provide to me, in order to ensure banking convenience.
8. That the Bank is authorized to debit from the account the usual banking charges, commissions, and any service charge set by the Management from time to time.
9. That my direct debit instruction shall remain subsisting until it is terminated by issuing and delivering to the bank, a duly executed "Termination of Direct Debit Mandate" form. Termination mandate form to be submitted to the branch where my account is domiciled, not later than 5 working days to the next debit date.
10. That the sum of N1000 shall be maintained as the minimum balance on my/our account.

DOCUMENTS REQUIRED TO OPEN YOUR ACCOUNT

1. One passport photograph of each signatory and Junior Saver showing fullface forward, indicating your full names and duly signed by you at the Back.
2. identification document for each signatory e.g. International Passport, National Drivers license, National Identity Card, etc. Please bring along the original for sighting.
3. Copy of a utility bill issued within the last three months showing address as stated overleaf. Please bring along the original for sighting. Copy of Junior Saver's birth certificate. Please bring along the original for sighting.

FOR OFFICIAL USE ONLY

Account Opening Authorised by:

Name

Signature & Date

Opened By:

Name

Signature & Date

Account No.: