

Passport  
 Photograph

## INDIVIDUAL ACCOUNT OPENING FORM

PLEASE SELECT THE DESIRED TYPE OF ACCOUNT (FILL IN FORM IN CAPITAL LETTERS)

Current Account      Savings Account      Fixed Deposit      Target

CLASS:    Micro      SME      Medium      High Network

### ACCOUNT OPENING REQUIREMENT

1. Duly signed Signature Cards
2. Two recent passport photographs of each signatory
3. Identification document for each signatory
4. Duly completed Reference Forms (Excluding Saving Account)
5. Utility Bill e.g Electricity, Water, Telephone or Rental Receipt
6. Resident Permit (Foreigners Only)

(For Official Use Only)

### CUSTOMER INFORMATION

### ACCOUNT NUMBER

KINDLY DEMAND FOR DEPOSIT TELLER AS EVIDENCE OF PAYMENT ON EACH TRANSACTION DONE WITH THE BANK

### GENERAL INFORMATION

Account Name (applicable only to joint account)	
Title: Mr.      Mrs.      Miss      Master      Others	(please specify)
Name	
Surname	Middle Name      First Name
Residential Address	
Mailing Address	Home Phone
Sex: Male      Female	Mobile Phone
Marital Status: Married    Single    Others    (Please specify)	Email Address
If Married, Name of Spouse	Religion

## GENERAL INFORMATION

Date of Birth	BVN
Nationality	Wedding Anniversary Date
State of Origin	Place of Birth
LGA	Home Town
Mother's Maiden Name	Form of Identification Int'l Passport    National ID    Driver's License Others    (Specify)
ID No.    Date of Issuance    Expiry Date	Issuing Authority

## DETAILS OF NEXT OF KIN

Name	Relationship	Gender Male    Female
Address	Phone Number	

## WORK INFORMATION

Name of Employer (if any)	Address of Employer
Occupation	Phone Number
Annual Income (N'000)	
0-250    251-1000    1,001-5,000    5,001-10,000    10,001-20,000 20,001-50,000    50,001+	
Office Phone/Fax	
Signature	Date

Date:

To: The Manager

Rockshield Microfinance Bank Limited

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## CUSTOMER PLEDGE AND CONFIDENTIAL NOTE

This form is confidential, private and intended for you only.

I

hereby exonerate the bank from any loss of cash lodgment or remittance made through persons who purport to be acting on your behalf as representatives, if I fail to report to you of my non receipt of SMS alerts confirming such payment or lodgment after 24 hours of lodgment.

I am aware that the bank, in compliance with the above, will not accept responsibility for any loss or damages incurred or suffered as a result of my failure to report to the Head of Operation or Risk or Customer Service Officer of your Bank after 24 hours from the date of the purported payment or lodgment.

I hereby agree that I will exercise due caution and abide by my pledge as stated above.

Name:

Signature:

Telephone:

Transaction Notification

SMS(fees apply)

E-mail

None

### Know Your Customer Form (KYC)

### BANK OFFICER'S SHORT COMMENT (ON VISITATION CALL)

1. Client's Name	
2. Line of Business	
3. Business Address	
4. Proof of Business Address	
5. Residential Address	
6. Proof of Residence	
7. Visit to Residence Yes          No	

8. Type of Building	
9. Colour of Building	Bank Officer Name
10. Major Landmark to Residence	Signature
11. Neighbourhood Confirmation	Date

**FOR BANK USE ONLY**

**DOCUMENTS OBTAINED**

Completed Signature Card (2)	Yes    Deferred	A passport photograph of each signatory	Yes    Deferred
Reference Forms (2)	Yes    Deferred	Identification Document	Yes    Deferred
Utility Bills	Yes    Deferred	Visitation Conducted	Yes    Deferred
Resident Permit (for foreigners)	Yes    Deferred	Others	Yes    Deferred
Account Opened By:	Signature & Date		
Account Authorised By:	Signature & Date		
Deferral/Waiver Authorised By:	Signature & Date		
Account Source By:	Staff No		

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 Email: info@rockshieldmfb.com, iCare@rockshieldmfb.com