



SAVINGS ACCOUNT OPENING FORM



NAME: _____
(Surname) (First Name) (Middle Name)

RESIDNETIAL ADDRESS: _____

DATE OF BIRTH: NATIONALITY: _____

STATE OF ORIGIN: _____ LOCAL GOVT AREA: _____

SEX: MALE FEMALE MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

IF MARRIED, NAME OF SPOUSE: _____

MAIDEN NAME: _____ RELIGION: _____

BUSINESS/OCCUPATION _____ EMPLOYER'S NAME: _____

BUSINESS/OCCUPATION ADDRESS: _____

TELEPHONE NO: _____ E-MAIL: _____

NEXT OF KIN

STATE OF RESIDENCE: _____ LOCAL GOVT AREA: _____

NAME: _____

RELATIONSHIP: _____ MOBILE NO: _____

CONTACT ADDRESS: _____



DECLARATION:

*I request the commencement of a financial relationship with **Daylight Microfinance Bank** and confirm that the above information is true.*

SIGNATURE: _____ DATE: _____

BVN:

NOTE: You are to attach a copy of your valid ID card, utility bill, passport photograph and a minimum of N1, 000 to open the account.

FOR OFFICIAL USE ONLY:

NAME	SIGNATURE	DATE
ACCOUNT OFFICER:	<input type="text"/>	<input type="text"/>
OPENED BY:	<input type="text"/>	<input type="text"/>
APPROVED BY:	<input type="text"/>	<input type="text"/>
RECEIVED BY:	<input type="text"/>	<input type="text"/>