Grooming Microfinance Bank

160 Ojoo-UI Road, Olororo Bus-Stop, Ojoo, Ibadan, Oyo state.
Tel: *+23409087366621* ***Email:*** *enquiries@groomingmfb.com*

Affix Passport

INDIVIDUAL ACCOUNT OPENING FORM

BVN | | | | | | | | | | | NIN | | | | | | | | | | | ICAD ID

Surname: _____ First Name _____ Middle Name_____

Phone No _____ Gender _____ Title _____ Marital Status _____

Date of Birth____/____/_____ Place _____ LGA _____ State _____

Nationality_____ State _____ LGA _____ Town _____

Residential Address: ***No***_____ ***Street*** _____ ***Bus Stop*** _____ **Town/*City*** _____

Office/Biz Address: ***No***_____ ***Street*** _____ ***Bus Stop*** _____ **Town/*City*** _____

Occupation_____ Email _____

Means of ID/No_____ Utility Bill (Please specify) _____ Date on Bill_____

Are you holding any political position? Yes/No (If yes, please provide more details)_____

_____

Next of Kin Information

Title: _____ Surname _____ First Name _____ Middle Name _____

Residential Address: *No*_____ *Street* _____ *Bus Stop* _____ Town/*City* _____

Gender: Male/Female _____Phone No _____ Relationship _____

Other Requirements

Please note that you are to submit one recent passport photograph, a photocopy of your means of identity, and a utility bill alongside this application form.

Declaration

I hereby apply for the opening of an account with Grooming Microfinance Bank. I understand that the information given herein and the information supplied are the basis for opening such an account. Therefore, I affirm that such information is correct and that all Terms and Conditions apply.

Signature / Date _____

OFFICIAL USE ONLY

Account officer _____ Sign/Date_____ Acc No | | | | | | | | | | |

Account Opened by_____ Sign _____Approved by_____ Sign/Date_____