



**Davodani**



**Davodani**  
Microfinance Bank Ltd.  
28, Ogudu Road, Jolaade House, Ojota, Lagos.

# Account Opening Form

**Account  
Number**

**Account  
Name**

**Branch**

## For Office Use Only

### KNOW YOUR CUSTOMERS FORM

CUSTOMER'S NAME: \_\_\_\_\_

LINE OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DID YOU VISIT THE RESIDENCE?: \_\_\_\_\_

TYPE OF BUILDING: \_\_\_\_\_ COLOUR OF BUILDING: \_\_\_\_\_

LANDMARK TO RESIDENCE: \_\_\_\_\_

HOW ACCESSIBLE IS THE LOCATION?: \_\_\_\_\_

INDICATE THE NAME OF ANY NEIGHBOUR WHO CONFIRMED THAT THE CUSTOMER STAYS IN THE STATED ADDRESS: \_\_\_\_\_

#### Checklist

Requirements	Checked	Deferred	Waived
1. Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Customer's Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Customer's Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proof of House Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Customer's Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Proof of Business Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Customer's Identity Information/Utility Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Customer's Business/Occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Next of Kin Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Two passport size photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Two individual references	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Copy of identification presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Letter from employer (for salary accounts only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Address verification document sighted (certified copy taken if original not held)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment or additional information: \_\_\_\_\_

Date account opened Date:        
Day Month Year

Account Opened by: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Documentation Checked: Head, Customer Service

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:        
Day Month Year

Accounts Review & Approved: Internal Control & Compliance

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:        
Day Month Year

## Documentation required for opening Account

1. Account Form duly completed.
2. Specimen signature card duly completed.
3. Two (2) recent passport size Photographs each duly signed.
4. Two (2) independent and satisfactory references.  
Referees must not be a staff of Davo Dani Microfinance Bank Ltd.
5. Copy of evidence of identification either International Passport, Driver's License Voter's Card or National I.D Card (original to be sighted).  
Where Prospective Customer is unable to produce the above identification, he/she must get a referee who should provide the required identification. The referee should fill a Referee Identification Form.
6. Letter from employer (for salary account only)
7. Address verification document e.g P H C N bill, Utility bills (certified copy is acceptable if original is not held)  
All original documents must be sighted.
8. Two (2) copies of Reference Forms (Except for Savings/Esusu).
9. Resident Permit (Foreigners only)



**Davodani**  
Microfinance Bank Ltd.  
RC: 736410



**INDIVIDUAL/JOINT CURRENT ACCOUNT**

PLEASE SELECT THE DESIRED TYPE OF ACCOUNT

Current Account  Saving Accounts  Fixed Deposit  Esusu  Other

**Personal Details**

(Letters must be in CAPITAL)

Surname \_\_\_\_\_ Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Sex: M/F  (Tick) Marital Status: Single  Married  Divorced  Date of Birth   
Day Month Year

Mother's Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Local Govt. Area: \_\_\_\_\_ State of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Name of Employer(if under Employment): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position on Job: \_\_\_\_\_ How long have you been on this employment? \_\_\_\_\_

Type of Business \_\_\_\_\_ How long have you been in this Business? \_\_\_\_\_

Business Address \_\_\_\_\_

Means of Identification: Driver's License  National identity Card  International Passport   
PVC  Other specify \_\_\_\_\_

Identification Number: \_\_\_\_\_ Issuance Authority: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have any other account(s) with DavoDani MFB or any Commercial Bank (s) Yes  No

Account No: \_\_\_\_\_ Bank Name: \_\_\_\_\_

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

**Next of Kin Information:**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

(Tick) Sex: M  F  Date of birth   
Day Month Year

Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Contact Address: \_\_\_\_\_

L.G.A: \_\_\_\_\_ State of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

### Corporate/Association & Society:

Company Name: \_\_\_\_\_

Certificate of Incorporation Number: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Operating/Corporate Business Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Tel: \_\_\_\_\_

Tax identification Number (TIN): \_\_\_\_\_

#### Signature Details (1)

Gender: M/F \_\_\_\_\_

Surname: \_\_\_\_\_ Other Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mothers' Maiden Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Signature Details (2)

Gender: M/F \_\_\_\_\_

Surname: \_\_\_\_\_ Other Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mothers' Maiden Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Signature Details (3)

Gender: M/F \_\_\_\_\_

Surname: \_\_\_\_\_ Other Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mothers' Maiden Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Company Seal



**DavoDani**  
Microfinance Bank Ltd.  
RC: 736410

### Reference Letter

**Caution**  
It is dangerous to introduce any person(s) not well know to you.

For Current Account only

From:

Referee Name: \_\_\_\_\_  
Title Surname First Name Middle Name

Business/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City of Residence: \_\_\_\_\_ L.G.A: \_\_\_\_\_

State: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date:        
Day Month Year

To

The Manager

DavoDani Microfinance Bank Ltd

Branch: \_\_\_\_\_

Dear Sir/Madam

Re: Mr/Mrs/Miss: \_\_\_\_\_

The above named Company/Person wishes to open a current with you. The Company/Person is well known to me/us and I/We consider him/her/them suitable to maintain a current account with you.

Our/My Bankers are

\_\_\_\_\_ Name of Bank \_\_\_\_\_ Branch

\_\_\_\_\_ Account Number \_\_\_\_\_ Signature(s) of Referee

<small>(To be completed by Bank Official)</small>		
From: <b>DAVODANI MICROFINANCE BANK LTD.</b>		
To: (Referee's Bank)		
_____		
Please verify the signature(s) of your customer as indicated above		
		_____ Signature of Authorised Signatory
<small>(To be completed by Bank Official)</small>		
From: <b>(REFEREE'S BANK)</b>		
To: <b>DAVODANI MICROFINANCE BANK LTD.</b>		
We hereby verify and confirm our customer's(s) appearing hereon as correct/as irregular (indicate as necessary)		
_____ Referee's Official Stamp	_____ Name	_____ Signature of Authorised Signatory

## Letter of Set Off

To: DavoDani Microfinance Bank Ltd.

Branch: \_\_\_\_\_

Dear Sir/Madam

In consideration of debts in whatever form that may be outstanding in your books against me/us, I/We hereby agree that, in addition to any other security, you will combine or consolidated all of my/our accounts(whether current, savings or deposit account or any other account), which I/We may at any time have with you and at any branch of your bank and set-off or transfer any sum or sums standing to the credit of anyone or more of such accounts in or towards the satisfaction of any of my/our liabilities to you on any other account or in any respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

## Authority to Debit

I/We hereby authorised DavoDani Microfinance Bank Limited to debit My/Our Account, being the cost incurred in conducting Business Name search.

Account Name: \_\_\_\_\_

(Affix Seal)

(Affix Seal)

Authorize Signatory \_\_\_\_\_ Date \_\_\_\_\_ Authorize Signatory \_\_\_\_\_ Date \_\_\_\_\_

## Cheque Book Request Form:

I/We hereby authorised DavoDani Microfinance Bank Limited Correspondence Bank's Cheque Book of 50/100 leave. the cost incurred should be charge on My/Our account accordingly.

Name of Account: \_\_\_\_\_ Signature/Date \_\_\_\_\_

In the presence of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

Day

Month

Year

Date:.....

To: **The Manager**  
**DavoDani Microfinance Bank Ltd.**  
**28, Ogudu Road, Jolaade House, Ojota, Lagos.**

### Declaration & Confidential Note

- 1 I hereby apply for the opening of an account in **DAVODANI MICROFINANCE BANK LIMITED** for banking services.
- 2 I declare that the information given in the account opening forms is true and correct. I agree that any information found to be false may cause the bank to decline the application or close the account if it has been opened. Should any of the details change in the future, e.g. Address, employment e.t.c. I shall inform you promptly
- 3 I hereby instruct you to pay and honour all cheques, drafts or orders issued by me on my account / accounts, and all bills and promissory notes payable at the said Bank and expressed to be accepted or made on my behalf at any time, provided the account is in sufficient funds to accommodate the instruments.
- 4 If for any reason the bank authorizes the payment of my cheques, drafts or orders when at the material time the account does not have sufficient funds to accommodate the values instrument (and my said account is thereby thrown into debit) I agree that an overdraft position is hereby created. Any sum or sums standing to the debit of my account as a result of this overdraft position shall automatically be position is hereby charge at the rate fixed by the Bank from time to time. You any authorised loss being charge to my account and the Bank charge, interest, commission etc.
- 5 My attention has been drawn to the necessity of safe guarding my cheque book so that unauthorized person are unable to have access, to it and to the fact neglect of this precaution may be a ground, for any consequential loss being charge to my account and the Bank shall be exempted from any liability thereof.
- 6 You may initiate or roll-over / reinvest on my behalf any monies standing to the credit of my account in anyone of your investment securities, namely, Time Deposits, Treasury Bills, Bankers Acceptance or Guaranteed Commercial Papers until contrary instructions are given by me provided that you shall honour on demand all cheques issued by me if there are sufficient funds in my account to cover the value of the cheques.
- 7 In addition to any general lien or similar right to which you as bankers may be entitled to by law you may at any time and without notice to me combine or consolidate all or any of my account (s) with the liabilities to you and set off or transfer any sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques, valuable, deposits, securities negotiable instruments or other assets belonging to me with you in or towards satisfaction of any of my liabilities to you or any other account or in any other respect whether such liabilities are present or future, be actual or contingent primary or collateral, several or joint.
- 8 I, agreed and hereby exonerate the bank from any loss of cash lodgement or remittance paid through persons who purport to be acting on your behalf as representatives for which such lodgements SMS alerts are not received into my account after 24hours of lodgement.
- 9 I agree to hold you free from any responsibility for any loss of funds deposited with you due to any future government order, law, levy, tax embargo, exchange restriction or other cause beyond your control.
- 10 I agree to accept as due notification notice of change in conditions governing the account directed to my last known address and to be bound by such change.
- 11 I agree that if a cheque credited to my current account is returned dishonored; the same may be transmitted to me through the last know address either by hand or by post.
- 12 I agree that you may at your absolute discretion close at any time my account (s) with you giving seven (7) days notice in writing to me at my address for correspondence given above or such other address as may be notified from time to time in writing to you.
- 13 I agree that the Bank is not liable whatsoever for funds/tellers handed to bank officers outside banking hours and outside the bank premises except as may be otherwise agreed in writing.
- 14 I agree to be bound by those and other terms and conditions existing now and in the future governing the operation of the account(s)
- 15 I understand that Nigeria Law applies to this contract.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:

Note: Kindly note however that if you did not receive our SMS alert within 24hours after lodgement through our representative, kindly report the matter to the Bank Management.

**Contact Numbers: 01 4546635, 08023117139, 08033414208**

**Please check that** (i) you have answered every question (ii) you have signed form



### Reference Letter

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For Current Account only

From:

Referee Name: \_\_\_\_\_  
Title Surname First Name Middle Name

Business/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City of Residence: \_\_\_\_\_ L.G.A: \_\_\_\_\_

State: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date:        
Day Month Year

To

The Manager

DavoDani Microfinance Bank Ltd

Branch: \_\_\_\_\_

Dear Sir/Madam

Re: Mr/Mrs/Miss: \_\_\_\_\_

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Our/My Bankers are

_____	_____
Name of Bank	Branch
_____	_____
Account Number	Signature(s) of Referee

<small>(To be completed by Bank Official)</small>		
From: <b>DAVODANI MICROFINANCE BANK LTD.</b>		
To: (Referee's Bank)		
_____		
Please verify the signature(s) of your customer as indicated above		
		_____
		Signature of Authorised Signatory
<small>(To be completed by Bank Official)</small>		
From: <b>(REFEREE'S BANK)</b>		
To: <b>DAVODANI MICROFINANCE BANK LTD.</b>		
We hereby verify and confirm our customer's(s) appearing hereon as correct/as irregular (indicate as necessary)		
_____	_____	_____
Referee's Official Stamp	Name	Signature of Authorised Signatory