



Millennium MicroFinance Bank Limited.

RC: 1327350

Corporate Account Form

Nature of Account: Incorporated Company Business Name/Enterprise/Sole Proprietorship Partnership Clubs and Associations Others _____

Account Currency: Naira

Corporate Information

Corporate Name/Registered Name (In Full) _____

Business Type _____ Industry _____

RC/BN No. _____ Date of Incorporation/Registration _____ Tax Identification Number _____

VAT Number _____ Annual Turnover _____

Registered Address

Building Name _____

House Number _____

Street Name _____

Town _____

City/State _____

Telephone _____

Email _____

Web Address _____

Fax _____

Mailing Contact Address

Building Name _____

House Number _____

Street Name _____

Town _____

City/State _____

Telephone _____

Email _____

Web Address _____

P. O. Box _____

Directors/Management/Partners/Proprietor

Name	Designation
_____	_____
_____	_____
_____	_____
_____	_____

Previous and existing Relationship with the Bank and Other Banks:

Name & Address of Bank Branch

Account Name & Number

Signature & Date _____ Signature & Date _____

Non - Nigerians

Nationality	_____	Date of Arrival in Nigeria	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Date of Departure	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Resident Permit Number	_____	Start Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	End Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Passport Number	_____	Issue Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Expiry Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Work Permit Numbers	_____	Issue Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Expiry Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
VISA Number	_____	(Kindly attach copy of the Data Page of your Passport.)			

Board Resolution

At the meeting of the Board of Directors of _____ held on the _____ day of _____, 20____ at _____ the following resolutions were duly proposed and passed:

- That the company should open a _____ banking account with Millennium Microfinance Bank Limited as per the terms and conditions contained and as may from time to time be contained in the Bank's Account Opening Forms and policies for the said account
 - That in furtherance of the above, the following persons are hereby authorized to execute all relevant documents on behalf of the company, operate the account and serve as the signatories to the account as specified in the account opening mandate.
- | | |
|----------|-------------|
| 1. _____ | Common seal |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |

Directors _____ Signature & Date _____



Millennium MicroFinance Bank Limited.

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Letter of Set-Off

We, the undersigned, hereby request you to open a _____ banking account in the name of _____
We understand that any sum standing to the credit of this _____ account shall bear interest as may be fixed by the bank. We further understand that any sum standing to the debit of the account shall be liable to interest charges at the rate fixed by the Bank from time to time. You are authorized to debit our account with your usual banking charges, interests, commission etc.

The company agrees that in addition to any general lien or similar right to which you as bankers may be entitled by law, you may at any time and without notice to the Company combine or consolidate all or any of the Company's account with liabilities to you, and set off or transfer any sum of sums standing to the credit of anyone or more of such accounts or any credit, be it cash, cheques, valuables, deposits, securities negotiable instruments or other assets belonging to the Company with you in or towards satisfaction of any of the Company's liabilities to you or any other account or in any other respect whether such liabilities actual or contingent, primary or secondary, and several or joint.

THE COMMON SEAL of the within named _____
Was hereunto affixed in the presence of:

DIRECTOR

DIRECTOR / SECRETARY

SEAL

Mandate Instruction

Director/Signatory Details

Full Name: _____ Title: Mr. Mrs. Ms. Chief Others

I.D Type: _____ I.D Number: _____ Issue Date: Expiry Date:

Date of Birth: _____ Phone Number:

Address: _____ E-mail: _____

Signature: _____

Director/Signatory Details

Full Name: _____ Title: Mr. Mrs. Ms. Chief Others

I.D Type: _____ I.D Number: _____ Issue Date: Expiry Date:

Date of Birth: _____ Phone Number:

Address: _____ E-mail: _____

Signature: _____

Director/Signatory Details

Full Name: _____ Title: Mr. Mrs. Ms. Chief Others

I.D Type: _____ I.D Number: _____ Issue Date: Expiry Date:

Date of Birth: _____ Phone Number:

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Signature: _____

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Full Name: _____ Title: Mr. Mrs. Ms. Chief Others

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Signature: _____

Director/Signatory Details

Full Name: _____ Title: Mr. Mrs. Ms. Chief Others

I.D Type: _____ I.D Number: _____ Issue Date: Expiry Date:

Date of Birth: _____ Phone Number:

Address: _____ E-mail: _____

Signature: _____

Account Mandate Instruction

Products & Services

Millennium Microfinance Bank Limited offers the following Products & Services to enable you enjoy enhanced Banking service.

E-Banking Bouquet: POS Terminals Yes No Email Alert Yes No Mobile banking: Yes No Internet banking: Yes No

Statement Delivery: Electronic Statements (i.e. E-mail): Yes No Post (Post Office box): Yes No Pick Up at Branch: Yes No

If yes, please provide email address: _____

If yes, please provide Post Office Box Number and address: _____

If yes, please indicate your choice branch address: _____

Frequency: Monthly Signature

Preferred User ID: _____ Main Account No: _____ Linked Account No: _____

I hereby apply for internet and Mobile banking service. I declare that the information given on this form is correct, where discrepancies are found I agree to have this service terminated and Millennium Microfinance Bank Limited is hereby indemnified of all losses or liabilities occasioned by the discrepancies.



Account Mandate

Signatory Information

Signatory

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Signatory Instruction:



Millennium MicroFinance Bank Limited.

RC: 1327350

Reference Form

From (Referee):

Registered Name: _____

Address: _____

To: Millennium Microfinance Bank Limited

Dear Sir,

Name of applicant: _____

The above named individual / company wishes to open an account with you. I/We hereby confirm that the applicant is suitable to maintain this account and well known to us for _____ years (not less than 2 years)

My/Our Bankers are: _____ My/Our Branch Address: _____

My/Our Account Number is: _____

Referee's Signature: _____ Date:
D D M M Y Y Y Y

CAUTION:

It is dangerous to introduce any person(s) who is or are not well known to you.

TO BE COMPLETED BY REFEREE'S BANK

To: Millennium Microfinance Bank Limited

We hereby confirm our client's account and signature(s) hereon are:

Please tick as appropriate

Suitable Not Suitable

Correct Irregular

Signed and Stamped by Authorised Signatory

Signed and Stamped by Authorised Signatory

Reference Form

From (Referee):

Registered Name: _____

Address: _____

To: Millennium Microfinance Bank Limited

Dear Sir,

Name of applicant: _____

The above named individual / company wishes to open an account with you. I/We hereby confirm that the applicant is suitable to maintain this account and well known to us for _____ years (not less than 2 years)

My/Our Bankers are: _____ My/Our Branch Address: _____

My/Our Account Number is: _____

Referee's Signature: _____ Date:
D D M M Y Y Y Y

CAUTION:

It is dangerous to introduce any person(s) who is or are not well known to you.

TO BE COMPLETED BY REFEREE'S BANK

To: Millennium Microfinance Bank Limited

We hereby confirm our client's account and signature(s) hereon are:

Please tick as appropriate

Suitable Not Suitable

Correct Irregular

Signed and Stamped by Authorised Signatory

Signed and Stamped by Authorised Signatory



Indemnity For Deposit Made Over The Counter

DDMMYYYY

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E banking Terms & Conditions

TERMS & CONDITIONS FOR MILLENNIUM MICROFINANCE BANK LTD INTERSWITCH VERVE DEBIT CARD

- "Service" means Instant Cash.
"PIN" means your Personal Identification Number.
"Account" means any account maintained with the Bank at any of the Bank's branches in Nigeria.
"Mailing address" means the customer mailing address in the Bank's records.
"Instruction" means the customer requests to the Bank for the Service.

1. BENEFIT OF THE SERVICES PROVIDED SHALL BE SUBJECT TO THE TERMS & CONDITIONS

That I have been given a default PIN that I will change at the first usage of the ATM. I agree that my card shall be kept secure at all times and my PIN will not be disclosed to any other person. I will take reasonable care in maintaining confidentiality of the PIN by ensuring that it is known to me only. All transactions at the ATM made with my card and PIN will be treated as having been authorized by me. Withdrawals transacted by the card and PIN shall not exceed a maximum limit as may be specified by the Bank. The card is the property of the Bank and may be withdrawn at any time without prior notice. I agree that the card shall expire on the expiry date indicated on the Card and may be at the discretion of the bank to renew upon expiry. The Bank reserves the right to levy fees/charges or commission, as it may deem appropriate for the use of this service.

If the Card becomes lost, missing or stolen, I shall make a written report at the nearest Business office. I will be charged N1,000.00 for cost of card and N50.00 monthly rental fee on Instant Cash effective when my card becomes active and the Bank reserves the right to review the fee either in amount or frequency of charging without prior notice. I acknowledge and agree that this agreement is subject to change at any time without any prior notice to me. Cards uncollected by customers after 160 days of production will be destroyed at no cost to the bank. Customers account will be charged N2,000 for card delivery outside branch of request.

2. USE OF THE SERVICE

I shall ensure that the Service is used for any of the following purpose"

- a. To make withdrawals from my account via the ATM.
b. To check my account balance.
c. To pay my bills Funds Transfer (where such service is available). Any other service that the Bank might offer through the card.

3. THE BANK SHALL BE EXCLUDED FROM LIABILITY IN THE FOLLOWING CIRCUMSTANCES:

- a. In the event that the Bank complies with any or all instructions given with my card where my PIN becomes known to a third party.
b. The Bank shall not be liable to any instruction given by means of any fraudulent, duplicated or erroneous instruction emanating from the use of my PIN.
c. The Bank shall not be liable to any failure to provide the service to comply with these terms and conditions arising from any cause that is beyond the Bank's reasonable control.
d. Withdrawal of cash at the ATM shall be deemed to have concluded at the point the ATM dispenses cash. The Bank accepts no liability whatsoever for any subsequent event occurring after cash has been dispensed.
e. The Bank will not be liable for any machine malfunction, strike any dispute or any circumstances affecting the use of the card where such matter are not within the direct control of the Bank.

4. TERMINATION

The Bank may for a valid reason alter, suspend or terminate the service without giving notice, and in the event that the Bank decides to give notice, should be sent to the mailing address contained in my records with the Bank.

SIGNATURE: _____

DATE: DDMMYYYY

Indemnity For Deposit Made Over The Counter

In consideration of your agreeing to open a banking account for us and to honour any eligible instruction communicated by us in line with the mandate given to you by us and in furtherance of banking services / products e.g. electronic banking, internet banking, special cheque confirmation etc accepted and requested by us, We declare that all information provided by us are true and accurate. We also declare that we shall abide by all the relevant laws, bank policies and rules of account opening and operation as shall from time to time be applicable to us or the account in question.,

we hereby also confirm, agree and undertake to keep you indemnified, saved and harmless from all claims, losses, demands paid, incurred or sustained by you as a result of your carrying out our instruction or request under reference or as a result of failure or refusal on our part to provide true and accurate information or to abide by relevant laws, policies and rules applicable to us or the account in question.

It is hereby irrevocably agreed that we shall effect payment under this indemnity immediately upon receipt of your first demand in writing from you accompanied by your declaration that your Bank has been made or is likely to be made to suffer any claims, losses or demands as a result of carrying out or having carried out our instruction under reference, or for failure on our part to provide true and accurate information or to abide by relevant or applicable bank policies, law, rules and regulations applicable to us or the account in question.

The Bank shall, without recourse to the Company, debit any of our Accounts with any sums equivalent to any liability, loss, claim or distress which, the Bank may suffer. The Bank shall also retain as security for its exposure under these presents all shares, stock, title documents to landed properties and other security document deposited with the Bank by the Company in relation to this indemnity or any other transaction whatsoever until the full and complete discharge of any liability, loss, claim or distress which the Bank may suffer hereunder.

All rights accruable to and enforceable by the Bank under these presents shall be exercised by the Bank without a Court Order or Judicial Pronouncement to that effect. And in the event that we have any dispute to the exercise of such right by the Bank, the dispute shall firstly be resolved amicably between us and the Bank, failing which the dispute may be referred to arbitration in accordance with the Arbitration & Conciliation Act. The costs of the Arbitration shall be fully borne by us. Our liability under this indemnity shall be a continuing security in your favour until it is duly discharged. This indemnity shall be governed by the laws of the Federal Republic of Nigeria.

Dated this _____ day of _____ 20____

The Common Seal of the within-named _____

Was hereunto signed in the presence of:

DIRECTOR

SECRETARY

Full Name _____

Full Name _____

