

Individual Account Form

Type of Account: Current: Savings: Fixed Deposit: Others: _____

Nature of Account: Individual: Joint: Others:

Account Currency: Naira:

Customer Personal Information

Title: Surname: _____

First Name: _____ Middle Name: _____

Date of Birth: Place of Birth: _____ Gender: M: F:

Nationality: _____ State of Origin: _____ LGA of Origin: _____

Education Level: Primary: Secondary: Post Secondary: Others: _____ Religion: _____

Marital Status: Single: Married: Divorced: Widowed: Others: _____

Spouse's Name (if married): _____

Mother's Maiden Name: _____

Residential Address: _____ Office Address (if Available): _____

Flat/House Number: _____ Nature of Employment: Salaried Self Employed:

House Number: _____ Employer's Name: _____

Street Name: _____ Designation: _____

Town: _____ Nature of Business: _____

City/State: _____ Address: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Mailing/Correspondence: (if different from Residential) _____

Type of Identification: _____

International Passport: Drivers License: National I.D.: Others as approved by Management: _____

ID Holder's Name: _____ I.D. Number: _____

Issuing Authority: _____ Issue Date: D D M M Y Y Y Y

Place of Issue: _____ Expiry Date: D D M M Y Y Y Y

Previous and Existing Relationship with the Bank and other Banks:
Name & Address of Bank Branch: _____

Account Name & Number: _____

Annual Salary: _____ Tax ID Number: _____

Next of Kin

Title: Surname: _____ Other Names: _____

Gender: M F E-mail: _____ Telephone Number: _____

Nationality: _____ State of Origin: _____ LGA of Origin: _____

Relationship with Account Holder(s): _____

In the event of the death of the Account Holder (s), should the Bank release the sum outstanding to the credit of the Account Holder(s) to the persons (s) named as Next of Kin in this Form? Yes No

SIGNATURE: _____ DATE: D D M M Y Y Y Y

In the event that Bank is herein authorized to release the sum outstanding to the credit of the account holder to the person named as Next of kin in this form, the Bank will only be obligated to carry out the request of the next of kin named herein upon receipt of the notice of death of the account holder if a duly certified will or letter of administration is not submitted to the Bank before the execution by the bank of the next of kin's request.

Where a duly certified will or letters of administration is submitted to the Bank after the execution by the Bank of the next of kin's request, the bank is hereby held harmless and shall not be liable in any way for having executed the request of the next of kin named herein.



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.

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.

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: [Handwritten Signature]

DATE: _____

Letter of Set-Off, Indemnity and Declaration

I/We, the undersigned, hereby request you to open a _____ banking account in the name of _____
I/We understand that any sum standing to the credit of this _____ account shall bear interest as may be fixed by the bank. I/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 from the account your usual banking charges, interests, commissions etc.

I/WE agree 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 me/us continue or consolidate all or any of my / our account with liabilities to you, and set off or transfer any sum or 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 me / us with you in or towards satisfaction of any of my / our liabilities to you or any other account or in any other respect whether such liabilities be actual or contingent, primary or secondary, and several or joint.

Furthermore, in consideration of your agreeing to open a _____ banking account for me / us and to honour any eligible instruction communicated by me/us in line with the mandate given to you by me/us and in furtherance of banking services / products e.g. electronic banking, internet banking, special cheque confirmation etc accepted and requested by me/us. I/We declare that all information provided by me/us are true and accurate. I/We also declare that I/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 me/us or the account in question.

I/We hereby further 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 my/our instruction or request under reference or as a result of failure or refusal on my/our part to provide true and accurate information or to abide by relevant laws, policies and rules applicable to me/us or the account in question. It is hereby irrevocably agreed that I/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 your instruction or for failure on my/our part to provide true and accurate information, or to abide by applicable banking policies, rules and regulations.

The Bank shall, without recourse to me/us, debit any of my/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 documents deposited with the Bank by me/us 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 I/We have any dispute to the exercise of such right by the Bank, the dispute shall firstly be resolved amicably between me/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. My/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.

Signed, Sealed & Delivered by:

[Handwritten Signature]
Surname First Name Other Names Signature & Date (Sign across N50 Stamp)

Indemnity For Deposit Made Over The Counter

All cash deposits must be made at the banking hall of any of the bank's branches. Customers or their authorized agents must hand over their cash to the Bank's tellers and ensure that a deposit slip or receipt duly stamped and endorsed by the Bank's teller is collected. The Bank will not be liable for any misappropriation or loss of funds resulting from Customers' deviation from this procedure. Customers requiring to make cash lodgments into their accounts from any location outside the bank's branches must make a formal written request to the Bank for this service and execute a Special Cash Lodgment Service Agreement containing terms and conditions by which parties would be bound.

The acceptance of the bank to carry out this service shall also be subject to appropriate rules and regulations of the CBN or other relevant regulators.

I confirm that I have read the above caveat and that I am bound by its terms.



Account Mandate

Signatory Information

BVN

Signatory

Empty box for signatory photo

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

[Handwritten Signature]

Date _____

Empty box for signatory photo

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Empty box for signatory photo

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Empty box for signatory photo

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Empty box for signatory photo

Full Name (Surname First)

Title: Mr. Mrs. Ms. Chief Others _____

Designation _____

Category _____

Signature _____

Date _____

Signatory Instruction:

Large empty box for signatory instructions



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

[Signature box]

Signed and Stamped by Authorised Signatory

[Signature box]

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Registered Name: _____

Address: _____

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Please tick as appropriate

Suitable Not Suitable

Correct Irregular

Signed and Stamped by Authorised Signatory

[Signature box]

Signed and Stamped by Authorised Signatory

[Signature box]



For Joint Account Holders Only (Second Applicant)

Form for Joint Account Holders Only (Second Applicant) including fields for Title, Surname, First Name, Middle Name, Date of Birth, Place of Birth, Gender, Nationality, State of Origin, LGA of Origin, Education Level, Spouse's Name, Mother's Maiden Name, Residential Address, Office Address, Nature of Employment, Employer's Name, Designation, Nature of Business, Address, Telephone, Email, Annual Salary, Driver's License, Type of Identification, Others as approved by Management, LD Number, Issue Date, Expiry Date, Place of Issue, SIGNATURE, and DATE.

Note: Unless varied by agreement of the parties with prior notice to the bank, the survivor is entitled to the amount outstanding in the account upon the death of one of the parties. This however does not apply to several and joint liabilities of the account holders in the case of liabilities arising from operation and maintenance of the account.

For Non-Nigerians

Form for Non-Nigerians including fields for Nationality, Date of Arrival, Date of Departure, VISA Number, Resident Permit Number, Start Date, End Date, Passport Number, Issue Date, Expiry Date, Work Permit Numbers, Issue Date, Expiry Date.

Products & Services

Millennium Microfinance Bank Limited would like to offer you the following Products & Services to enable you enjoy an enhanced banking experience.

E-Banking Bouquet

Debit Cards: Verve Yes No, Visa Yes No, SMS Alert: Yes No, Email Alert: Yes No

Debit Card Name (Individual/Joint):, Electronic Statements: Yes No, Frequency: Monthly Quarterly

Please debit my account for the amount for the issuance of my Verve and/or Visa cards

Mobile Banking: Yes No, Internet Banking: Yes No, Preferred User ID:

Main Account:, Linked Account:

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.

Signature: [Signature], Date:

Cheque Confirmation

It is the policy of the Bank to confirm cheques of N200,000 and above before payment. Customers are therefore required to confirm in writing to Millennium Microfinance Bank Limited, all cheques of N200,000 and above before such cheque are presented for payment over the counter and N500,000 and above via clearing. If you are not in agreement with the Bank's Confirmation policy, please indicate your preference

Kindly indicate preferred mode of confirmation:

Confirmation on reverse side of cheque leaf: Confirmation letter duly signed by authorized signatory(ies): Others (Please specify):