

## Corporate Account Form





# Millennium Microfinance Bank Limited.

RC-1327350

## 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 this \_\_\_\_\_

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 are 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 \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ 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 \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ 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 \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Signature \_\_\_\_\_

### Director/Signatory Details

Full Name \_\_\_\_\_ Title Mr. ☐ Mrs. ☐ Ms. ☐ Chief ☐ Others ☐  
I.D Type \_\_\_\_\_ I.D Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ 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 \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Signature \_\_\_\_\_

### Account Mandate Instruction

\_\_\_\_\_

## Products & Services

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

E-Banking Bouquet: POS Terminal 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 e-mail address: \_\_\_\_\_

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

If yes, please indicate your choice of branch address: \_\_\_\_\_

Frequency: Monthly ☐ Signature ☐

Preferred User ID: \_\_\_\_\_ Main Account No: \_\_\_\_\_ Linked Account No: \_\_\_\_\_

I hereby apply for inter 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.

Signature \_\_\_\_\_ SEAL \_\_\_\_\_ Date \_\_\_\_\_





# Millennium Microfinance Bank Limited.

RC: 1327350

## 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 collected.

The Bank will not be liable for any misappropriation or loss of funds resulting from Customers' deviation from 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 Lodgment Service Agreement containing terms and conditions by which parties would be bound. We have read the above Caveat

Names: \_\_\_\_\_ Signature \_\_\_\_\_ Date: ☐☐☐☐☐☐☐☐

Would you like to be contacted by the Bank to discuss any of these products? Yes ☐ No ☐

### 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 Bank Limited that all cheques of N200,000 and above is confirmed before such cheques 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 ☐

Would you like to be contacted by the Bank to discuss products? Yes ☐ No ☐ Loans: \_\_\_\_\_ Remittance Service: ☐ Term Deposits: ☐ Other Products ☐

## E-Banking Terms & Conditions

### TERMS AND 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 TERMS AND CONDITIONS

That I have been given 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 authorised 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 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 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

- To make withdrawals from my account via ATM
- To check account balance
- 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:

- 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.
- 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.
- The bank shall not be liable for 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.
- 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.
- 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 after, 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: ☐☐☐☐☐☐☐☐

## Letter of Indemnity/Special Instructions/Declaration

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 conform, 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 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 irrevocable 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 liable, loss, claim or distress which the Bank may suffer hereunder.

All right 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 first 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 affixed in the presence of:

DIRECTOR

Full Name

Signature & Date

SECRETARY

Full Name

Signature Date

(Sign across N50 Stamp)

(Sign across N50 Stamp)





### Site Visitation (For Bank Use ONLY)

[illegible]

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D D M M Y Y Y Y

Date \_\_\_\_\_

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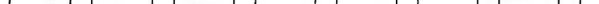
### Operations Checklist (For Bank Use ONLY)

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### 3. Customer ID

**Account Details (For Bank Use ONLY)**

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The Millennium MicroFinance Bank Limited  
Rc: 1327350.

## Account Mandate

### Signatory Information

#### Signatory

BVN NIN

Full Name (Surname First)

Title: Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Others: ☐

Designation \_\_\_\_\_ Category \_\_\_\_\_

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

BVN NIN

Full Name (Surname First)

Title: Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Others: ☐

Designation \_\_\_\_\_ Category \_\_\_\_\_

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

BVN NIN

Full Name (Surname First)

Title: Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Others: ☐

Designation \_\_\_\_\_ Category \_\_\_\_\_

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

BVN NIN

Full Name (Surname First)

Title: Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Others: ☐

Designation \_\_\_\_\_ Category \_\_\_\_\_

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

BVN NIN

Full Name (Surname First)

Title: Mr ☐ Mrs ☐ Miss ☐ Chief ☐ Others: ☐

Designation \_\_\_\_\_ Category \_\_\_\_\_

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

#### Signatory Instruction:





# The Millennium MicroFinance Bank Limited

Rc: 1327350.

## Reference Form

From (Referee):

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

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

To: Millennium Microfinance Bank Limited

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)

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
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### CAUTION

It is dangerous to introduce any person(s) who is or and 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 ticks as appropriate

Suitable ☐ Not Suitable ☐

Current ☐ Regular ☐

Signed and Stamped by Authorised Signatory

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Signed and Stamped by Authorised Signatory

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## Reference Form

From (Referee):

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

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

To: Millennium Microfinance Bank Limited

Dear Sir

Name of applicant: \_\_\_\_\_

The above name 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

My/Our Bankers are: \_\_\_\_\_ My/ Our Address: \_\_\_\_\_

My / Our Account Number is: \_\_\_\_\_

Referee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CAUTION

It is dangerous to introduce any person(s) who is or and 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 ☐

Current ☐ Regular ☐

Signed and Stamped by Authorised Signatory

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Signed and Stamped by Authorised Signatory

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