



CROWNED EAGLE (Microfinance) BANK LTD GUIDE TO OPENING ACCOUNT

Please complete all relevant portions of the Application Form and Account Opening Mandate and return the package along with the following documents:

1. Two duly completed signature cards (Bank cards at end of the form)
2. Two Reference Forms each duly completed by an individual maintaining a current Account with any bank in Nigeria (Preferably Crowned Eagle Microfinance bank). Detachable Reference Forms are included in this package. **Referees must not be relations.**
3. Two passport photographs each of signatories with the applicant(s), name written on the reverse.
4. Copy of the residence permit of foreign national (where applicable, and original to be sighted).
5. Each applicant must provide satisfactory identification means, e.g. traveling passport, driver's license or national identity card.
6. Duly signed letter of set-off.

PLEASE BE INFORMED THAT THIS BANK IS REQUIRED BY LAW TO REPORT TRANSACTIONS IN EXCESS OF N500, 000 (FIVE HUNDRED THOUSAND NAIRA) FOR INDIVIDUAL CUSTOMERS AND N2, 000,000:00 (TWO MILLION NAIRA) FOR CORPORATE CUSTOMERS TO THE CENTRAL BANK OF NIGERIA, THE NDLEA AND OTHER REGULATORY AUTHORITIES.

Account Opening Application Form:

Customer Information

Individual / Joint Account Holder:

Surname:

Other Names:

Joint Account Holders:

(i) Surname:

Other Names:

(ii) Surname:

Other Names:

Date of Birth:

Sex: **Male**

Female

Marital Status:

Spouse's Name:

Spouse Occupation:

Business / Occupation:

State of origin:

Mother's maiden Name:

Office Address (not P.O. Box)	Mailing Address	Residential Address (not P. O. Box)

Telephone Number:

E-mail Address:

Employer:

Next of kin:

Contact Address:

Other Bank's Account:

Name of Bank & Address	Account Number

Two Referees (2no.):

Name and address	Business / Occupation	Bankers

Communication Information:

Correspondence address:

Statement Instruction:

Monthly:

Quarterly:

****Customers are entitled to one free monthly statement*****

Mode of delivery:

Personal collection:

By Post:

Declaration:

I / We apply for the opening of accounts or account with **Crowned Eagle Microfinance Bank**. I / We understand that the information given herein is the basis for opening such account(s) and therefore warrant that such information is correct.

I / We agree to be bound by the terms and conditions governing the operation of the account(s) as set out elsewhere on the application form.

I / We note that the bank is under no obligation to open / operate the said account for me / us.

I / We agree that in addition to any other general lien or similar right which you as Banker may be entitled to by law, you may at any time by giving 14 days notice close the said account at the Bank's discretion.

Signature.....Date.....Signature.....Date.....

LETTER OF SET-OFF:

PERSONAL / JOINT ACCOUNT:

To: Crowned Eagle Microfinance Bank
132 Isawo road, Agric. Ikorodu Lagos

In Consideration of your giving me / us financial and or banking accommodation and other facilities, I / We agree that in addition to any other general lien or similar right which you as Bankers may be entitled to by law, you may at any time without notice to me / us combine or consolidate all or any of my / our accounts and liabilities to you and set-off or transfer any sum or sums standing to the credit of any one or more such accounts in or towards satisfaction of any of my / our liabilities to you on any other account or in any other respect whether such liabilities be actual or contingent primary or collateral, and several or joint.

Dated thisDay of.....20.....

Signed for and on behalf of (Name / Name of Joint Account)

Authorised Signatory.....Authorised Signatory.....

In the presence of:

Name.....

Address.....

Occupation.....

Signature.....

CAUTION: IT'S UNSAFE TO INTRODUCE A PERSON WHO IS NOT WELL KNOWN TO YOU

REFERENCE FORM:

For application with no other Bank Account. Referee must be the applicant's employer or a person who has an account with an acceptable Bank.

From: (Reference)

Name

Address.....

.....

To: The Manager
Crowned Eagle Microfinance Bank

Dear Sir,

Name of Applicant:.....

The above named person(s) wishes to open a Current Account with you. Applicant(s) is / are well known to me /us and is / are considered as suitable to maintain a current account with you.

The Applicant signed thus:.....

and I / We hereby witness his / her / their signature are being correct.

Name of Bank.....

Address / Branch.....

Account Number.....

Account Number.....

Yours faithfully,

Signature.....Date.....

Name.....

Address.....