

Passport
Photograph



O O C H E
Microfinance Bank Ltd.
RC: 854756

ACCOUNT OPENING FORM (PERSONAL)

SURNAME: _____

OTHER NAMES: _____

SEX: _____ MARITAL STATUS: _____

DATE OF BIRTH: _____ NATIONALITY/STATE: _____

OCCUPATION/NATURE OF BUSINESS: _____

CONTACT ADDRESS: _____

PHONE NUMBERS: _____ E-MAIL: _____

TYPE OF ACCOUNT: (Tick as Appropriate)

SAVINGS	<input type="checkbox"/>
CURRENT	<input type="checkbox"/>
TIME DEPOSIT	<input type="checkbox"/>
JOINT ACCOUNT	<input type="checkbox"/>

OTHER BANK ACCOUNTS: 1. _____

2. _____

DETAILS OF NEXT OF KIN:

FULL NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

CONTACT ADDRESS: _____

*I hereby request for the opening of an account with Oche Microfinance Bank Ltd.
I understand that the information given above is for the purpose of opening this account
and hereby declare them to be true and correct.*

I fully agree to be bound by the terms and conditions governing the operations of the Account.

Signature _____

Date _____