

REFERENCE FORM



The Manager,
Oche Microfinance Bank Ltd.,
Plot 5, Futo Road, Nkwo-Ukwu
Ihiagwa Market, Owerri West,
Imo State

NAME OF THE APPLICANT

I wish to confirm that the above named person(s) is well known to me and is suitable to maintain an Account with Kelmarid Microfinance Bank Ltd.

The Applicant signs thus: _____
And I witness the signature as being correct.

I maintain a current account with:

NAME OF BANK: _____

ADDRESS: _____

AND MY ACCOUNT NUMBER IS: _____

Yours faithfully

Authorize Signature/Date

Authorize Signature/Date

Name: _____

Address: _____

CAUTION
IT IS NOT ADVISABLE TO INTRODUCE ANY
PERSON NOT WELL KNOWN TO YOU.