



AFFIX
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HERE

ACCOUNT OPENING FORM

1. Type of Account

(Please tick as applicable)	
VCL Current Account	VCL Pilgrimage Account
VCL Universal Savings Account	VCL Executive Account
VCL Daily Contribution Account	VCL Gold Account
VCL Future Dream Account	VCL Cool Life Account
VCL Academics Account	VCL Shares Account
VCL Diamond Account	VCL Silver Daily Account

2. Particulars:

- a) Name (Individual/Company/Group/Association) _____
- b) Gender M ☐ F ☐
- c) Date of Birth/Company Registration Certificate Number & Date _____
- d) Address (Residential/Registration) _____
- e) Office/Shop Address _____
- f) If Married, Name of Spouse _____
Occupation _____ Address _____
- g) Mailing/Correspondence Address _____
- h) Telephone Office _____ Mobile _____ Home _____
- i) E-mail _____
- j) Bank Verification No. (BVN) _____

3. Business Particulars:

- a) Occupation/Name of Business _____
- b) Annual Income/Annual Sales Turnover _____
- c) Proposed Initial Deposit _____

4. Next of Kin:

- a) Name _____
- b) Relationship _____
- c) Address _____
- d) Phone _____

5. Letter Of Set-Off:





I/We also agree that in addition to any general lien or similar right to which you as an-investment manager may be entitled by law, you may at any time and without notice to me/us combine or consolidate all or any my/our accounts with liabilities to you and set or transfer any sum or sums standing to my credit, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets with you or any other respect whether such liabilities to actual or contingent primary collateral and several or joint.

6. Declaration:

I/We hereby apply for the opening of account(s) with VCL Microfinance Bank Limited. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and therefore warrant that such information is correct.

I/We have read the terms and condition governing the operations for the account(s) which are presented overleaf and agree to be bound by them.

Signature





 Day Month Year

Name (Chief/Dr./Pastor/Mr./Mrs.)

Signature / Thumbprint :

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Name (Chief/Dr./Pastor/Mr./Mrs.)

Signature / Thumbprint :

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Cheque Confirmation required?

☐

☒ **es**

No

For Official Use Only

BUSINESS LOCATION VERIFIED BY

NAME: _____

POSITION: _____

DATE: _____

SIGNATURE: _____

CONFIRMED BY: _____