



# COVENANT MICROFINANCE BANK LTD.

## ACCOUNT REACTIVATION FORM

DATE:  d  d  m  m  y  y  y  y

ACCOUNT NO:

BVN:.....

ACCOUNT NAME:.....

CONTACT ADDRESS:.....  
.....

PHONE NO(S):.....

EMAIL ADDRESS:.....

REASON FOR DORMANCY: (Please tick as appropriate)

(A) RELOCATION.  (B) PROXIMITY.  (C) OUT OF TOWN

(D) SERVICE NOT SATISFACTORY.

(E) OTHERS (specify):.....

My/Our account has been without transaction for over 6 months, I/we however wish to resume normal transaction on the account henceforth. I/We also confirm that the above information above is correct.

AUTHORIZED SIGNATORY/DATE

AUTHORIZED SIGNATORY/DATE

### FOR BANK USE ONLY

DOCUMENT RECEIVED

PASSPORT PHOTOGRAPH  MEANS OF IDENTIFICATION  UTILITY BILL

DOCUMENT WAVED AUTHORIZED BY \_\_\_\_\_  
(NAME SIGNATURE & DATE)

Last Transaction Date:.....

Treated by:..... Signature/Date:.....

Approved by:..... Signature/Date:.....



# CORPORATE ACCOUNT MANDATE

DATE

CUSTOMER NO.

ACCT NO

ACCOUNT NAME.....

ADDRESS.....

OFFICE PHONE NO.....OFFICE EMAIL.....

<input type="text"/>	<b>PASSPORT PHOTOGRAPH</b>	<input type="text"/>	<b>PASSPORT PHOTOGRAPH</b>
SIGNATURE		SIGNATURE	
<b>CATEGORY</b> <input type="text"/>		<b>CATEGORY</b> <input type="text"/>	
NAME.....		NAME.....	
POSITION.....DATE OF BIRTH.....		POSITION.....DATE OF BIRTH.....	
PHONE NO.....EMAIL.....		PHONE NO.....EMAIL.....	

MANDATE

.....  
CUSTOMER CARE OFFICER                      HEAD OF OPERATIONS



**COVENANT MICROFINANCE BANK LTD**  
Canaan Land, Ota, Ogun State.

**CUSTOMER ACCOUNT UPDATE FORM**

Date **D** **D** / **M** / **M** **Y** **Y** **Y** **Y**

Type Of Account

Account Number

RELATIONSHIP: ACCOUNT OWNER (A)  SIGNATORY (B)  DIRECTOR ©

**1. PERSONAL INFORMATION DATA**

Surname	First Name	Middle Name	Marital Status <input type="checkbox"/> M <input type="checkbox"/> S	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's Maiden Name	Spouse Name		
Date of Birth	EVN			

**2. CONTACT INFORMATION**

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

Landmark: \_\_\_\_\_

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

LGA	State of Origin	Nationality
Phone (Home)	Office	Mobile
E-mail Address	SMS Alert <input type="checkbox"/> Y <input type="checkbox"/> N	
Occupation	Employer's Name	

Employer's Address: \_\_\_\_\_

**3. FORM OF IDENTIFICATION**

National I.D.	Voters Card	International Passport	Drivers License	Others (Specify)
I.D. No	Place of Issuance	Date of Issuance	Expiry Date	

**4. NEXT OF KIN INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No \_\_\_\_\_

Email: \_\_\_\_\_

**5. CERTIFICATION**

I certify that the above particulars are true and correct

Customer's Signature	Date
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**6. BANK OFFICIAL**

Name	Signature	Date
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# COVENANT MICROFINANCE BANK LTD

Canaan Land, Ota, Ogun State.

## COVENANT MICROFINANCE BANK LIMITED CUSTOMER'S SMS ALERT DATA FORM

Branch \_\_\_\_\_

Date \_\_\_\_\_

**Customer's Data** \_\_\_\_\_

Account Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Contact phone no: \_\_\_\_\_

**Details of Account** \_\_\_\_\_

Account name	Account number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

You will receive alerts for the following events:

- a. Cheque lodgement outgoing    b. Cheque lodgement incoming    c. Withdrawals on savings account
- d. Deposits on current accounts    e. Cleared cheques    f. Deposits to savings account
- g. Returned cheques    h. Withdrawals from current account
- j. ATM Transactions    k. i-bank transfers

please state the mobile phone number(s) (Zain, Glo, MTN or 9mobile) you wish to be linked to these account(s):

Mobile no: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email 1. \_\_\_\_\_  
2. \_\_\_\_\_

**PLEASE NOTE THAT EACH ALERT COSTS #5 (FIVE NAIRA) ONLY**

**Declaration:**

I/We certify that details furnished in this Application are correct I/We hereby request covenant Microfinance Bank Ltd to activate the service offered by the Bank (as listed above) with respect to events/transactions/information relating to my/our account(s) stated above.

I/we authorize the Bank to debit my account for charges related to the alert facility as determined by the Bank from time to time.

_____	_____	_____
<b>Authorized Signature &amp; Date</b>	<b>Authorized Signature &amp; Date</b>	<b>Authorized &amp; Signature Date</b>

For Bank use only:

Verified by (Name, Signature & stamp): \_\_\_\_\_

Approved by (Name, Signature & Date): \_\_\_\_\_

Effected by (Name, Signature & Date): \_\_\_\_\_