



# CORPORATE ACCOUNT MANDATE

DATE

CUSTOMER NO.

ACCT NO

ACCOUNT NAME.....

ADDRESS.....

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE	PASSPORT PHOTOGRAPH	SIGNATURE	PASSPORT PHOTOGRAPH
CATEGORY <input type="text"/>		CATEGORY <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

Type Of Account

Account Number

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

### 1. PERSONAL INFORMATION DATA

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

### 2. CONTACT INFORMATION

Residential Address:

Landmark:

Postal Address:

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

Employer's Address:

### 3. FORM OF IDENTIFICATION

National I.D.	<input type="checkbox"/>	Voters Card	<input type="checkbox"/>	International Passport	<input type="checkbox"/>	Drivers License	<input type="checkbox"/>	Others (Specify)	<input type="text"/>
I.D. No	<input type="text"/>	Place of Issuance	<input type="text"/>	Date of Issuance	<input type="text"/>	Expiry Date	<input type="text"/>		

### 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	<input type="text"/>	Date	<input type="text"/>
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### 6. BANK OFFICIAL

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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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.

\_\_\_\_\_  
Authorized Signature & Date

\_\_\_\_\_  
Authorized Signature & Date

\_\_\_\_\_  
Authorized & Signature Date

For Bank use only:

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

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

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