



SINGNATURE





# 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"/>	<input type="text"/>	<input type="text"/>

### 2. CONTACT INFORMATION

Residential Address: <input type="text"/>					
Landmark: <input type="text"/>					
Postal Address: <input type="text"/>					
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: <input type="text"/>					

### 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	<input type="text"/>				
Address	<input type="text"/>				
Relationship	<input type="text"/>	Phone No	<input type="text"/>		
Email: <input type="text"/>					

### 5. CERTIFICATION

I certify that the above particulars are true and correct

Customer's Signature	<input type="text"/>	Date	<input type="text"/>
----------------------	----------------------	------	----------------------

### 6. BANK OFFICIAL

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





# 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): \_\_\_\_\_