

ACCOUNT NO (For Official Use Only)
EMPLOYMENT DETAILS
Employed Self Employed Unemployed Student Others (Please specify)
Employer's Name
Employer's/Employment Address
Street Number Street Name
City/Town
Nature of Business/Occupation
Office Phone Number
DETAILS OF NEXT OF KIN
Surname
Middle Name
First Name
Contact Details
Street Number Street Name
Street Name
City/ Town
Mobile Number Relationship
DECLARATION
I hereby apply for the opening of an account with Ekondo Microfinance Bank Limited. I have read and understood the terms dan conditions governing the opening of an account with Ekondo Microfinance Bank Limited and those relating to the various producted.
services that I have requested.
I accept and agree to be bound by the terms and conditions including those excluding/limiting the bank's Liability. I understand
that the bank may debit my account for service charges from time to time. I herby declare that the information given above is true
and correct to the best of my knowlegde .
Signature of the Account Holder ————————————————————————————————————