



**ESAN MICROFINANCE BANK LTD.**  
R.C. 161663

CENTRAL ROAD,P.M.B 24,UBIAJA EDO STATE

[www.esanmfb.com.ng/](http://www.esanmfb.com.ng/) [esanmicrofinance@gmail.com](mailto:esanmicrofinance@gmail.com)

AFFIX 2 PASSPORT HERE

INDIVIDUAL SAVINGS ☐ CURRENT ACCOUNT ☐

Title Mr ☐ Mrs. ☐ Miss. ☐ Dr. ☐ Chief. ☐

Surname: \_\_\_\_\_ Other Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male ☐ Female ☐

Nationality: \_\_\_\_\_ State of Resident: \_\_\_\_\_

L.G.A : \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Others ☐

Spouse's Surname: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_

Bank Verification Number: 

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 \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

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

Land mark: \_\_\_\_\_

Account Numb with other bank: 

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 Bank: \_\_\_\_\_

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

Phone Number: 

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Occupation/Profession: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Home Town: \_\_\_\_\_ District: \_\_\_\_\_

State of Origin: \_\_\_\_\_ L.G.A: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mode of Identification: International Passport ☐ Driver's license ☐  
National ID Card ☐ Voters ID ☐ Others ☐

ID No: ..... Reg Date: ..... I.D Issued Authority: .....

Utility bill type ..... Name on Utility  
bill .....

Date on Utility bill ..... Address on Utility bill .....

**NEXT OF KIN INFORMATION:**

Name ..... Relationship .....

Phone number 

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 .....

**PERSONAL INFORMATION OF SIGNATORY/ACCOUNT HOLDER:**

Test Question .....

Test Answer .....

**WORK PLACE INFORMATION OF ACCOUNT HOLDER:**

Work place address: .....

District: ..... L.G.A ..... State .....

Business Sector: ..... Employer Country: .....

**I/We certified that the above particulars are correct.**

**(Official stamp required if a company )**

\_\_\_\_\_  
**Signature(s) of applicant(s)**

## REFERER FORM CURRENT ACCOUNT

The above named person/company has expressed interest in opening account with us and has given your name as a referee.

We should be grateful if you would confirm, in confidence, that the applicant is known to you and is company to whom the usual banking facilities may be extended. In replying, kindly complete the form below, giving the name, address of the bank with which you maintain a current account.

### REFERER

1 i.Name.....

ii. Occupation.....

iii. Address.....

iv. Phone number.....

v. Account number.....BANK.....

Signature.....

### REFERER

2 i.Name.....

ii. Occupation.....

iii. Address.....

iv. Phone number.....

v. Account number.....BANK.....

Signature.....