

Employment Details

Please tick appropriate segment and sub segment below that best suit your status

☐ Self Employed ☐ Employed ☐ Student ☐ Unemployed ☐ Retired ☐ Diaspora ☐ Expatriate ☐ Dependant
☐ Entrepreneur ☐ Public Sector ☐ Tertiary ☐ Professional Service Provider/Firm ☐ Private Sector ☐ Secondary ☐ Entertainer
☐ Others _____ Date of Employment (if employed):

D	D	M	M	Y	Y	Y	Y
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Employer's Name: _____

Employer's/Employment Address: _____

Plot/House Number *Street Name* *City/Town*

Nearest Bus stop/Landmark: _____ Local Govt. Area: _____ State: _____

Nature of Business/Occupation: _____ Sector/Industry: _____

[illegible]

Direct Debit Mandate

Account Name: _____

Account No.:

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 With the sum of N

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Amount in words: _____

Frequency of debit: Weekly ☐ Monthly ☐ Quaterly ☐ Bi-annually ☐ Annually ☐

Commencement date:

D	D	M	M	Y	Y	Y	Y
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Account(s) with Other Banks in Nigeria

Bank Name: _____ Bank Name: _____ Bank Name: _____

Account Name: _____ Account Name: _____ Account Name: _____

Account No.:

Account No.:

Account No.:

Account Mandate(s)

[illegible]

Account No.:

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Mandate Authorisation/Combination Rule

Passport Photograph	<div style="font-size: 2em; font-weight: bold;">SPECIMEN SIGNATURE</div>	<div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;"> Mandate authorization/combination rule <small>(Please tick appropriately)</small> Sole Signatory <input type="checkbox"/> Either to sign <input type="checkbox"/> Both to sign <input type="checkbox"/> </div> <div style="margin-bottom: 5px;">Surname: _____</div> <div style="margin-bottom: 5px;">First Name: _____</div> <div style="margin-bottom: 5px;">Other Names: _____</div> <div style="margin-bottom: 5px;">Class of Signatory: _____</div> <div style="margin-bottom: 5px;">Identification Type: _____</div> <div style="margin-bottom: 5px;">Identification No.: _____</div>
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Account Service(s) Required

SMS Alert	Email Alert	e-statement	Debit Card	
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E-Statement Frequency *(Please tick appropriately)* Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐

Electronic Banking Preferences <small>(Please tick appropriately)</small>	Preferred User ID (option 1)	Preferred User ID (option 2)
<input type="checkbox"/> I wish to use the Internet Banking facility. <input type="checkbox"/> I wish to use the Mobile Banking facility. <input type="checkbox"/> I wish to use the Telephone Banking facility. <input type="checkbox"/> I wish to use the Branch Banking facility. <input type="checkbox"/> I wish to use the ATM facility. <input type="checkbox"/> I wish to use the Mail facility. <input type="checkbox"/> I wish to use the Other facility. <input type="checkbox"/> I do not wish to use any of the above facilities.	<input type="checkbox"/> I wish to use the Internet Banking facility. <input type="checkbox"/> I wish to use the Mobile Banking facility. <input type="checkbox"/> I wish to use the Telephone Banking facility. <input type="checkbox"/> I wish to use the Branch Banking facility. <input type="checkbox"/> I wish to use the ATM facility. <input type="checkbox"/> I wish to use the Mail facility. <input type="checkbox"/> I wish to use the Other facility. <input type="checkbox"/> I do not wish to use any of the above facilities.	<input type="checkbox"/> I wish to use the Internet Banking facility. <input type="checkbox"/> I wish to use the Mobile Banking facility. <input type="checkbox"/> I wish to use the Telephone Banking facility. <input type="checkbox"/> I wish to use the Branch Banking facility. <input type="checkbox"/> I wish to use the ATM facility. <input type="checkbox"/> I wish to use the Mail facility. <input type="checkbox"/> I wish to use the Other facility. <input type="checkbox"/> I do not wish to use any of the above facilities.

[illegible]

JURAT - To be adopted for illiterates and the blind

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by my interpreter.

Mark of Customer/ Thumbprint		Magistrate/ Commissioner for Oaths	
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Name of Interpreter: _____

Address of Interpreter: _____

Language of Interpreter: _____

Office Number:

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 Date:

D	D	M	M	Y	Y	Y
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Declaration

Confirmation Information

I/We _____ hereby apply for the opening of an account or accounts with Stable Microfinance Bank. I/We understand that the information given herein and the documents presented are the basis for opening such account(s) and hereby warrant that such information is correct. I/We hereby undertake to notify the Bank in the event of any change in my information. In the event that I/We fail to provide an update to the Bank, the bank shall not be held liable for any loss or liability resulting therefrom. I/We further undertake to indemnify the Bank for any loss suffered as a result of not providing an update regarding unused/unused/ bank of phone numbers, physical address, email address and/or any other information provided to the Bank on this or any other document.

By signing this document you have agreed to the general electronic banking and general data protection regulation (GDPR) terms and conditions for account opening contained on our website

Surname: _____ Surname: _____

Other Names: _____ Other Names: _____

_____ D D M M Y Y _____ D D M M Y Y

Authorized Signatory

Authorized Signatory