WeBank Mfb
...your bank, our bank

7 Duru Street off Eziukwu Market Aba Abia State
0808 800 0054 we@wemfbank.com www.wemfbank.com

Account Opening Form

Passport Photograph Here

TYPE OF ACCOUNT: Current ☐ Savings ☐ Term Deposit ☐
(Please tick as appropriate)

Branch _____ BVN _____ Account No. _____
(For official use only)

Client Name: _____ Gender: Male ☐ Female ☐
Surname First Name Middle Name

Marital Status: Single ☐ Married ☐ Others ☐ (please specify) _____ Date of Birth: _____

Family Members: ☐ Profession: _____ Phone Number _____

Residential Address: _____ Since: _____

Proof of Address Document: _____ Email: _____ Fax: _____

ID Type: NID ☐ National Driver's License ☐ International Passport ☐ INEC Voter's Card ☐ Others (please specify) _____

_____ Place of Issue _____ Issue Date _____ Expiry Date _____

Name of Father: _____ Name of Mother: _____

Education: Illiterate ☐ Primary School ☐ SSCE ☐ NCE ☐ OND ☐ HND ☐ B.sc ☐ M.sc ☐ Others _____

Income Range: Non - Incomes ☐ Income ☐ Please state range _____ (e.g 25,001 - 50,000)

1ST REFERENCE PERSON INFORMATION

Ref. Name: _____ Ref. Phone No.: _____

DEPOSIT MODE (please tick as applicable)

Account Opening by Cheque to be picked up by WeBank MFB staff ☐ Account Opening by WeBank POS ☐

Account Opening by Cash Deposit in any WeBank MFB branch ☐ Account Opening by Cash Deposit WeBank correspondence bank ☐

TERM DEPOSIT MANDATE

Following the clearing of the cheque/transfer of cash deposit, I/We hereby instruct the opening of Term Deposit with the following mandate:

Source Account: Savings ☐ Current ☐ Account Number: _____

Amount in figure: _____ In word _____

Maturity (No. of Days) _____ Interest Rate _____

Renewal Option (please tick as applicable): At the end of the maturity

☐ Principal + Interest (No renewal) OR ☐ Interest Only (renew TD with the principal amount)

Interest Option: The interest should be credited into the receiving account

☐ At the end of the maturity OR ☐ Monthly (premature closing of TD is impossible)

DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSIONALS (DNFBP) DECLARATION (Please select One of the below:)

a ☐ I do not own a business / am not a professional under the category of DNFBPs

b ☐ I own a business / am a professional and hereby declare that it is not under the category of DNFBPs as listed below

☐ Dealers in Jewelry, Precious Metals & Stones, Cars and Luxury goods ☐ Chartered/Professional Accountants ☐ Audit Firms ☐ Tax Consulants
☐ Supermarkets ☐ Clearing and Settlement Cpmpanies ☐ Hotels and Hospitality Industies ☐ Non-Governmental Organizations (NGO)
☐ Religious and Charitable Organizations ☐ Estate Surveyors, Valuers and Real Estate Agents ☐ Trust Company Service providers (who provide services to 3rd parties)
☐ Casinos ☐ Any form of lottery, pool betting, etc

☐ I have registered the business / my profession (mentioned in Section 1) with the Special Control Unit Agency Money Laundering (SCUML) and have been issued the registration number _____ (copy of certificate attached)

CLIENT DECLARATION:

☐ I/We have read, understood and agree to be bound by the terms and conditions governing the operation of the account(S)

☐ I hereby declare that I have understood which businesses are subject to SCUML registation and that information I provided above is correct.

Specimen Signature (1st Person) _____ Specimen Signature (2nd Person)

Date: _____