

OMIYE MICROFINANCE BANK LIMITED



Cooperative Building Market Square, P.M.B 100, Ilupeju-Ekiti, Ekiti State.

Tel: 08064611414 E-mail: mail@omiyemfb.com

Membership Registration Application Form

I hereby apply for registration to become a member of Omiye Microfinance Bank Limited (OMFB) and state below my personal details for that purpose.

1. a) Surname:

(b) Other Names:Title: Mr./Mrs./Chief:

2. Date of Birth:

3. Home Address:

4. Market/Business Address:

5. Phone No:

6. Spouse's Address:

7. Spouse's Telephone Number(s):

8. Nature of Business:

9. Capital Employed for Business:

(As at date of Application)

10. How long have you been in this Business?

11. Have you previously registered with any other funding institution(s)?

12. If yes, give names(s) of such institution(s)

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13. Name of your existing banker(s) and your Account Number(s)

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14. Please provide the following details of children:

	NAME	AGE	ADDRESS	TELEPHONE NUM
1				
2				
3				

15. What is your Religion? - Christian
 - Muslim
 - Traditional
 - Other

16. Address of your place of Worship:

17. Details of two (2) Referees.

	NAME	ADDRESS	TELEPHONE NUM
1			
2			

18. (a) Do you currently nurse any disease? Yes/No

(b) If yes, give details:

19. (a) Have you ever been arrested or convicted for any offence or crime? Yes/No

(b) If Yes, give details:

20. Have you ever failed to pay your loan obligation to any institution or group? Yes/No

I certify the above information which are freely and willfully given by me are genuine and I agree to be deregistered if any of the information given is found to be false.

Name of Applicant:

Signature of Applicant:

Date:

FOR OFFICIAL USE ONLY

Credit Officer's Name & Branch

Phone Number.....

Signature and Date.....