**HAYAT TRUST NON- INTEREST MICROFINANCE BANK LTD**

 **23, IBADAN ROAD, IJEBU-ODE. OGUN STATE**

**ACCOUNT OPENING FORM ON KYC/ VISITATION (CORPORATE)**

**ACCOUNT NAME**………………………………………………………………………………………………………………………………………

**ACCOUNT NUMBER**……………………………………**……………………………………………………………………………………**

**OFFICIAL E-MAIL: …………………………………………………………………………………………………………………………**

**OFFICE ADDRESS**……………………………………………………………………………………………………………………………………….

**DATE OF INCORPORATION**………………………………**…………………………..REGISTRATION NO: …………………………**

 **HOME ADDRESS: ………………………………………………………………………………………………………………………….**

………………………………………………………………………………………………………………………………………………………………….

**HOME DESCRIPTION OF PRINCIPAL SIGNATORY……………………………………………………………………………….**

**……………………………………………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………………………..**

**BUSINESS DESCRPITION: ………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………………………………………………**

**NEAREST BUSSTOP/LANDMARK**…………………………………………… **OFFICE PHONE NUMBER**…………………………

**NAME OF SIGNATORIES**

…………………………………… ……………………………………… ………………………………………………...

………………………………………. ………………………………………… ………………………………………………………..

 **AUTHORISED SIGNATORY**

 **FOR OFFICE USE ONLY**

**This is to certify that the above named customer was visited on …………………and I hereby confirm that the above is the residential and or business address of…………………………………………………………………..**

**Who wishes to operate an account with HAYAT TRUST NON-INTEREST MICROFINANCE BANK**

**Upon my visitation, below is the detail description of the address;**

**……………………………………………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………..**

**STAFF NAME: ………………………………………..SIGNATURE……………………..DATE………………… ……..**