# INDIVIDUAL ACCOUNT

Affix Passport Photograph

JIGAWA SAVINGS & LOANS LIMITED
RC. 242006

INDIVIDUAL ACCOUNT
SPECIMEN SIGNATURE CARD

ACCOUNT NUMBER _____ Date _____

Name _____ Date of Birth _____

Home Address _____

Office Address _____

Occupation _____ Designation _____

Specimen Signature

GSM/Tel. No _____ E-mail _____

Fax No _____

For Office use only =

Customer Introduced by

1. Name _____ 2. Name _____

Authorised / Authenticated by

Name of Official _____ Name of Official _____

Signature _____ Sign Number _____ Signature _____ Sign Number _____

# JIGAWA SAVINGS & LOANS LTD. RC.242006

## Funds Transfer Request Form

*(Not applicable For corporate accounts )*

Date : dd /mm /2025

Name of Ordering Customer :

Address :

Kindly effect the following transfer on My/ Our behalf

Amount Words (₦)

Amount in Figure (₦)

Name of Beneficiary : PRIMEPILLARS CONSTRUCTION AND PROPERTY DEV. LTD.

Beneficiary's Address : C6 GENTLEMAN PLAZA, UMARU YAR'ADUA WAY, MILLENNIUM CITY, KADUNA

Beneficiary's Bank : TAJ BANK

Beneficiary's bank Address : ALI AKILU ROAD, KADUNA

Beneficiary's Account Number : 0003165738

Purpose of Payment "payment for goods not acceptable " (Please be specific)

25% EQUITY PAYMENT FOR MORTGAGE FUNDING

Beneficiary's Account Number :

Please Debit

My/ Our Account No. | | | | | | | | | | For Principal

My/ Our Account No. | | | | | | | | | | Withrawal Charges only

Local Charges only

Customer's E-mail : Phone No. :

Customer's Signature

Customer's Signature

**Official Use**

ACCOUNT OFFICER: (Name & Signature):