## **JIGAWA SAVINGS AND LOANS LIMITED**

## Binta Sunusi House, No. 1, Kiyawa Road PMB. 7144 Dutse Jigawa State ACCOUNT OPENING FORM Pass port Account Number: **First Name Middle Name** Surname Marital Status: .....Sex: Male Female D.O.B Nationality: ...... State: ...... LGA: ...... Residential Address: Employer Name & Address ..... Phone No: Means of Identification: Tick Any (If Appropriate) NIMC: Voter Card: Int. Passport: **ID Number:** NIN (Mandatory): Current: **Category of Account** Savings: Purpose of Account ..... **BVN** (Bank Verification Number): I hereby apply for the opening of an account with JIGAWA SAVINGS ANDLOANSLTD. I

understand that the information given herein and the supplied documents are the basis for opening such account and I therefore warrant such information is correct.

Dated		Applicant Signature

REFEREE 1 Applicant Name:	I wish to confirm that I
have known the above name person for	period. Comment on the Applicants suitability
for maintaining	
Current Account with:	
Name of Referee:	
Name and Address of Bank:	
Account Number:	
REFEREE 1 Applicant Name:	I wish to confirm that I
have known the above name person for	period. Comment on the Applicants suitability
for maintaining	
Current Account with:	
Name of Referee:	
Name and Address of Bank:	
Account Number:	
<ul> <li>Please Noted:</li> <li>It is dangerous to introduce a personal control of the second personal control of the second</li></ul>	in any of the commercial banks in Nigeria
For	Official Use Only
Account Opening Officer:	Sign & Date:
Approval Officer:	Sign & Date: