



KADA POROMAN MICROFINANCE LTD

Application To Open Account

Account Type:

Individual

Minor

Group/Business

Customer Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Account:

--

(First Name)

--

(Middle Name)

--

(Last Name)

Business/Entity Name:

--

IPA No.

--

IRC TIN No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Inception Date:

--	--

--	--

--	--	--	--

Industry Type:

--

Date of Birth:

--	--

--	--

--	--	--	--

Gender: Female:

--

Male:

--

Mother's Name:

--

Father's Name:

--

Marital Status:

Married
 Single
 Divorced

Remarried
 Widowed
 De-facto

Spouse Name:

--

Name of Clan:

--

Education Qualification:

--

Occupation:

--

Employer:

--

Number of Family Members

Number of Children

Hide word

Next of Kin Name	Date of Birth	Relationship to Account Holder	Guardian Name	Date of Birth	Relationship to Next of Kin

	Residential	Office	Correspondence
Address			
Country			
Province			
District			
City/Town			
Village			
Area/Street			
Mobile No 1			
Mobile No 2			
Email Address			

ID Type:

Driver's Licence
 Employment ID
 Passport
 Other ID
 Statutory Dec.
 LLG Letter

ID Number:

Received Date

Expiry Date

B (For Group/Organisation customers only) Customer code

Name of Signatory: (First Name) (Middle Name) (Last Name)

Date of Birth: Gender: Female: Male:

Mother's Name: Father's Name:

Marital Status: Married Remarried Single Widowed Divorced De-facto

Spouse Name: Name of Clan:

Education Qualification:

Occupation: Employer:

Number of Family Members Number of Children Hide word

Address: Mobile No:

B (For Group/Organisation customers only) Customer code

Name of Signatory: (First Name) (Middle Name) (Last Name)

Date of Birth: Gender: Female: Male:

Mother's Name: Father's Name:

Marital Status: Married Remarried Single Widowed Divorced De-facto

Spouse Name: Name of Clan:

Education Qualification:

Occupation: Employer:

Number of Family Members Number of Children Hide word

Address: Mobile No:

B (For Group/Organisation customers only) Customer code

Name of Signatory: (First Name) (Middle Name) (Last Name)

Date of Birth: Gender: Female: Male:

Mother's Name: Father's Name:

Marital Status: Married Remarried Single Widowed Divorced De-facto

Spouse Name: Name of Clan:

Education Qualification:

Occupation: Employer:

Number of Family Members Number of Children Hide word

Address: Mobile No:

I/We agree to comply with and abide by all rules of Kada Poroman Microfinance Ltd to deposit, withdraw funds, guarantee loans or apply for loans and to repay loan principal including interest charged according to agreed terms and conditions under the KPML policies and any charges made from time to time. Furthermore, I/We agree that Kada Poroman Microfinance Ltd has the right to deduct any fees from my/our account that is deemed necessary for the upkeep of and including any other charges to the account or guarantee of loans I/We authorised and who defaulted under KPML policies.

Method of Operation Self Two to Sign Three to Sign All to Sign

Signatory 1 Signatory 2 Signatory 3 Signatory 4

Name: _____ Name: _____ Name: _____ Name: _____

Title: _____ Title: _____ Title: _____ Title: _____

Office Use Only:

KPML Officer: _____ Approved/Declined By: _____

Officer's Signature: _____ Date: _____