

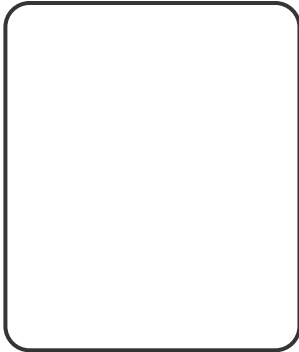


LIFE ENHANCEMENT (MICROFINANCE INST.)

RC: CRS 18182

HEAD OFFICE: No 80 Marian Road Opp. Federal Pay Office Calabar, Cross River State. **Tel:** 08166938895, 08188677649

UYO OFFICE: No 12 Nepa Line, Uyo, Akwa Ibom State **Tel:** 09063434693, 09092551114



MEMBERSHIP REGISTRATION/ ACCOUNT OPENING FORM

Account No:.....

Date:.....

- 1 Long Term Thrift
- 2 Daily Thrift, Weekly & Month
- 3 Life Target Thrift
- 4 Project Thrift
- 5 Xmas Thrift

N/B: Please note that premature termination of 1,2,3,4&5 attracts 20% surcharge of the principal sum

- 5 Medical & Health Support
- 6 Educational Endowment
- 7 Micro Insurance
- 8 Group Savings and Loans
- 9 Self Help Groups (SHG)
- 10 Village Savings and Loans Associations (VSLAs)

JOINT/CORPORATE ACCOUNT

ACCOUNT NAME:.....

ADDRESS:.....

TYPE OF BUSINESS:.....

PHONE NUMBERS:.....

SIGNATORIES:

(i) NAME:..... SIGN:.....

(ii) NAME:..... SIGN:.....

(iii) NAME:..... SIGN:.....

FOR PROJECT ACCOUNT:

i. NATURE OF PROJECT:.....

ii. DURATION OF PROJECT:.....

iii. SCHEDULE OF SAVINGS: WEEKLY MONTHLY

SIGNATURE:..... DATE:.....

FOR OFFICE USE ONLY:

Name of Marketer:.....Marketer Code.....Date..... Sign:.....

Form Processed by:..... Date..... Sign.....

Authorized by:..... Date..... Sign.....