



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)

PERSONAL/ INDIVIDUAL ACCOUNT

ACCOUNT NAME:.....

ADDRESS:.....

OCCUPATION:.....

PHONE NUMBERS:.....

EMPLOYMENT STATUS: EMPLOYEE SELF EMPLOYED STUDENT

IF SELF- EMPLOYED, STATE NATURE OF BUSINESS:.....

DATE OF BIRTH:.....ANNIVERSARY DATE.....

IF AN EMPLOYEE, STATE NAME OF EMPLOYER:.....

POSITION IN THE ORGANIZATION:.....

FOR PROJECT ACCOUNT:

i. NATURE OF PROJECT:.....

ii. DURATION OF PROJECT:.....

iii. SCHEDULE OF SAVINGS: WEEKLY MONTHLY

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

PARTICULARS OF NEXT OF KIN:

NAME:.....

ADDRESS:.....

OCCUPATION:.....

PHONE NUMBERS:.....

DATE OF BIRTH:.....RELATIONSHIP OF NEXT OF KIN TO CLIENT.....

FOR OFFICE USE ONLY:

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

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

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