

SAVINGS ACCOUNT

Brooks Microfinance Bank Ltd.



SPECIMEN SIGNATURE

DATE ACCOUNT OPENED _____

ACCOUNT NO. _____

Name:

Address (Business):

Address (Residential):

Next of Kin:

Address of Next of Kin:

Business/Occupation:

L.G.A.:

Email Address:

Date of Birth:

Tel:

| Name | Specimen Signature | Photography | Class |
|------|--------------------|-------------|-------|
| | | | |

JOINT ACCOUNT HOLDERS (Please Turn Over for Signature Space)

JOINT ACCOUNT HOLDERS (ADDITIONAL SPECIMEN SIGNATURE)

| | | | |
|-------------|---------------------------|-------------------|--------------|
| Name | Specimen Signature | Photograph | Class |
| Name | Specimen Signature | Photograph | Class |
| Name | Specimen Signature | Photograph | Class |

Mandate

Signatories Authenticated by