



ASSETS MICROFINANCE BANK LTD.
(A new dimension to wealth creation)

DEPOSIT/INVESTMENT MANDATE

I / WE
OF OFFICE (ADDRESS).....
RESIDENTIAL ADDRESS
DATE OF BIRTH/ RC NO
TELEPHONE / GSM NUMBER (S)
E- MAIL ADDRESS
Hereby authorize Assets Microfinance Bank Ltd. to invest in the Fixed Deposit/ Call Deposit/ Other Product, Subject to terms shown below :
INITIAL DEPOSIT
MODE OF PAYMENT
RATE PER ANNUM :.....
TENOR:
EFFECTIVE DATE:

.....
AUTHORISED SIGNATORY

.....
AUTHORIZED SIGNATORY

NAME :.....

NAME :.....

DATE :

DATE :

.....
NEXT OF KIN :..... R/SHIP :

ADDRESS :

PHONE / GSM NO :

NOTE: Certificate of incorporation is required for companies and registered organizations.

- Attach any of the following means of I.D. - International Passport, National I.D. Drivers Licence

Employee I.D. (of reputable companies) e.t.c.