



SUMMIT VISION MICROFINANCE
SERVICES LIMITED

**INDIVIDUAL
ACCOUNT
OPENING FORM**

Tel: +233 (0) 302 232226 / +233 (0) 302 933076
Email: summitvision@gmail.com / Info@summitviongh.com
Website: www.summitvisiongh.com Loc.: K.A Mall, Kaneshie

...Your Business Anchor.

NEW CUSTOMER

EXISTING CUSTOMER

PERSONAL DETAILS

Please complete all the relevant portion of this form.

Name:

Surname

Middle Name

First Name

Business / Occupation: Marital Status: SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐

Nationality: Please tick appropriate

Date of Birth: Place of Birth: Home Town:

Father's Name: Mother's Name:

Identification type: ID Number:

Residential Address: Business Address:

How Long Stayed: RENTED ☐ FAMILY HOUSE ☐ OWNED ☐ OTHERS ☐

Name of Employer: Position held: How Long:

STATUS: ☐ CONTRACT ☐ PERMANENT ☐ TEMPORAL ☐ SELF - EMPLOYED ☐ OTHER ☐

Gender: ☐ Male ☐ Female

BASIC ANNUAL SALARY: NET MONTHLY SALARY:

Mobile: Home / Office Telephone:

Email: Date SVMS Account OPENed:

Place of worship: Location:

+++++

Next of Kin: Relationship: Telephone:

Residential Address: Email:

Employer:

Customer's Signature / Thumbprint

Mobile Banker's Name & Code

.....

.....

Date:

Date:

+++++

CHECKLIST FOR OFFICIAL USE ONLY

PASSPORT - PHOTO ☐ IDENTITY CARD ☐ OTHERS

CHECKED AND RECEIVED BY: Date