

(APPLICANT INSERT NAME & ADDRESS)

Date: ____ / ____ / ____

The Branch Manager,
**(insert applicant's existing bank name
And address)**

Dear Sir/Ma,

INTRODUCTION OF ADDITIONAL SIGNATORIES

Please take this as an instruction to add the underlisted Edfin Representatives as co- signatories to jointly sign on my account with Details stated below.

Account Name: (insert account name)

Account Number: (insert account number)

EdFin Representatives

Iheanacho Oluchi Blossom (Signatory A)

Dike Obinna Francis (Signatory B)

(Insert name) (Signatory B)

Affixed is a mandate card showing their signatures and passport photographs. The mandate on the account shall be, "A to sign alone OR any 2 B to sign."

This mandate instruction shall remain in force and shall not be altered at anytime without an instruction jointly signed in accordance to this mandate.

Thank you.

Yours faithfully,

.....

INSERT NAME

**(APPLICANT INSERT NAME &
ADDRESS)**

Date: ____ / ____ / ____

The Branch Manager,
***(insert applicant's existing bank name
And address)***

Dear Sir/Ma,

AUTHORITY TO PLACE A 'POST NO DEBIT' (PND) ON MY ACCOUNT

Please use this as my instruction to place a PND on the account mentioned below.

Account Name: : *(insert account name)*

Account Number: *(insert account number)*

Thank you,

(INSERT NAME)

DIKE OBINNA FRANCIS

**(APPLICANT INSERT NAME &
ADDRESS)**

Date: ____ / ____ / ____

The Branch Manager,
**(Insert applicant's existing bank name
And address)**

Dear Sir/Ma,

Account Name: : **(insert account name)**

Account Number: **(insert account number)**

AUTHORITY TO REMOVE POST NO DEBIT AND PLACE A LIEN ON MY ACCOUNT

Please use this as an instruction to remove the Post no Debit (PND) and place a lien on my above-mentioned account for the sum of **(Amount)**.

This is to prevent unauthorized access to the said funds.

Thank you.

(INSERT NAME)

DIKE OBINNA FIDELIS

**(APPLICANT INSERT NAME &
ADDRESS)**

Date: ____ / ____ / ____

The Branch Manager,
***(Insert applicant's existing bank name
And address)***

Dear Sir/Ma,

AUTHORITY TO REMOVE THE LIEN IN MY ACCOUNT AND TRANSFER FUNDS TO EDFIN MFB

Please use this as my instruction to remove the lien of ***(insert Amount in words and figures)*** on my account with details below.

Account Name: *(insert account name)*

Account Number: *(insert account number)*

And use this as an instruction to debit the above account and transfer the sum of ***(insert Amount in words and figures)*** back to Edfin Microfinance Bank with details:

Account Name/Beneficiary: EdFin Microfinance Bank

Bank: First City Monument Bank (FCMB)

Amount: *(insert amount in figures)*

A/C No: 3493808026

Thank you.

(INSERT NAME)

DIKE OBINNA FRANCIS

**(APPLICANT INSERT NAME &
ADDRESS)**

Date: ____ / ____ / ____

The Branch Manager,
***(Insert applicant's existing bank name
And address)***

Dear Sir/Ma,

REMOVAL OF CO-SIGNATORIES TO BANK ACCOUNT.

I, ***(insert name)*** hereby request that **ALL EDFIN'S REPRESENTATIVES** be removed as a Co-signatories to the said account with details below:

Account Name: *(insert account name)*

Account Number: *(insert account number)*

Thank you for your usual co-operation.

Yours Faithfully,

.....

(INSERT NAME)

.....

DIKE OBINNA FRANCIS