አድዋ ድል ማይክሮፋይናንስ ተቋም አ.ማ

ADWA DIL MICROFINANCE INSTITUTION S.C.

የሂሣብ መክፈቻ ቅጽ / Account Opening Form

ቀን/Date: _____

Acount No._____

Initial Deposit Amount: _____

ቅርንጫፍ/ Branch: _____

ስም ከነ አያት/የድርጅት ስም/ Full Name/Name of Organization:_____

ከተማ/City:_____ክ/ከተማ/Subcity:_____ቀበሌ/ወረዳ/Kebele/Woreda_____ _____ የቤትቁ. /H.No_____ የእናት ስም: Mother Name _____

የቤትስልክ/Res.Tel.፡_____ የተንቀሳቃሽስልክ/Mobile No_____ የቢሮ ስልክ/Off.Tel.:_____

የፋክስ ቁ. /Fax: No. _____ የፖ.ሣ.ቁ. / P.O.Box:_____ኢ-ሜይል/ Email: _____

የመ.ዓይነት/ ID type ID No.፡_____ የመ.ቁ./የምዝገባ ቁ./ Registration No._____የሰጠው አካል / Issued by _____

የታ.መ.ቁ./TIN No. _____ጾታ/Gender: _____ዜግነት/Nationality: _____

የትውልድ ቀን/Date of Birth (for individual): _____ የድርጅት ምስረታ ቀን/Organization Establishment Date _____

የሥራ ዓይነት/Occupation_____ የሥራ ሃላፊነት/Position_____ቀጣሪ

ድርጅት/Employer_____ ወርሀዊ ገቢ/Average Monthly Income_____ ዓመታዊ ገቢ/Average Annual Income _____

የሂሳቡ ዓይነት /Account Type: Saving ☐ Cheque ☐

ፊርማ /Signature: 1_____ 2. _____ 3. _____

ሂሳቡን የከፈተዉ ስም/ Account opened by: _____ፊርማ_____

ሂሳቡን ያረጋገጠዉ ስም/ Account checked by: _____ፊርማ_____

ሂሳቡን ያጸደቀዉ ስም/ Account authorized by: _____ፊርማ_____