



NATIONAL ASSOCIATION OF MICROFINANCE BANKS

RC: 9009

BVN SUBSIDY CLAIM FORM

A: BANK INFORMATION

INSTITUTION: _____

PHONE NUMBER:

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EMAIL: _____ CONTACT PERSON (MD/CEO): _____

ADDRESS: _____

CATEGORY

NATIONAL

STATE

UNIT

B: DUES PAYMENT

Year	Amount Due	Amount Paid	Receipt/Teller No.	Unpaid Balance
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				

Total paid	
Total Unpaid/Outstanding Balance	

Board of Trustees: Otunba Olatunde Olowu (*Chairman*), HE. Hon Chief Jethro M. Akun, Prof. Chidi G. Osuagwu, Dr. Ibrahim Waziri, Col. Habib Shu'aibu (Rtd), Chief Bamishaye Kingsley, Chief Asuquo Ekpeyong OON, Mrs. Betty Oluwasina

2nd Floor, A.R.O Plaza, Plot 2105, Herbert Macaulay Way, Zone 6, Abuja-Nigeria. Tel: 08060206548

E-mail: nambheadquarters@gmail.com, Website: www.nambnigeria.org

Central Executive
Committee (CEC)

Rogers A.I Nwoke
President
Tel: 08129936464

Mall. Nasiru A. Baba
1st Vice President
Tel: 08036788690

Mr. Gold Kola Adams
2nd Vice President
Tel: 08028396589

Victor Okhiamo
National Treasurer
Tel: 08188888877

Titi Savage
Legal Adviser
Tel: 08182509487

Shikir N. Caleb
Executive Secretary
Tel: 08060206548

C. BVN Payment Detail

Amount Paid: _____ Date: _____ Quantity Paid for:

Method of Payment:

Cheque: Cheque Number: _____ Bank: _____

Bank Transfer: Transferred from: _____

Deposited By: _____

BVN Collected: Yes No

D. SUBSIDY REFUND

Kindly refund our BVN machine acquisition subsidy from the Central Bank of Nigeria as follows:

- I. Deduct our 2018 Annual Dues of N _____
- II. Deduct our arrears Annual Dues of N _____
outstanding from 2010 to 2017
- III. Remit in full our subsidy refund, less N40,000 admin and processing fee to NAMB
as approved by NEC

Remit BVN refund to our bank account. Bank: _____ Account No: _____

Signed: _____
NAME OF OFFICER RANK/POSITION DATE

CERTIFICATION:

I certify that the above signed is the MD/CEO of the bank and is an active member of our state chapter.

Name Signature/Date Designation
(State or Zonal Chairman)

FOR OFFICE USE

Amount of Refund: N _____ Less NAMB Commission: _____

Total Refundable: N _____

SIGNATURES

Executive Secretary Treasurer National President