

OGIGE MICROFINANCE BANK LTD

No 20 Market Road, Alu-Udele. P.O. Box 2030 Nsukka



USSD ENROLLMENT FORM

Customer Information

Full Name: _____ Account Number: _____

Phone Number: _____ Email Address: _____

Terms and Conditions

I agree to the terms and conditions of using the USSD platform.

I understand that I will be responsible for all transactions conducted through the platform.

Signature: _____

Date: _____