

## INDIVIDUAL ACCOUNT OPENING FORM

	Date: D D M M Y Y Y Y Account Number.: PASSPORT
Account Name (For join	
PLEASE COMPLETE IN	BLOCK LETTERS
1. PERSONAL DETAIL	.s
Title	Mr. Mrs. Others (please specify)
Name	Surname First Name Other Names
Marital Status	Single Married Others (please specify) Gender M F
BVN	TIN TIN
Date of Birth	D         D         D         D         Y
State of Origin	LGA of Origin
Nationality	Resident Permit No.
Mother's Maiden Nam	e NIN
Permit Issue Date	D         D         J         M         M         J         Y         Y         Y         Y         Permit Expiry Date         D         D         J         M         M         J         Y
Tel/Mobile No.	Alt. Tel/Mobile No.
E-mail Address	
Residential Address	
Landmark	LGA LGA
City	State State
Social Media Handle 1	
2. VALID MEANS OF II	DENTIFICATION
National ID Card	National Driver's License International Passport INEC Voter's Card
Others (please specify	ID No.
Issue Date	D D / M M / Y Y Y Y Expiry Date D D / M M / Y Y Y Y
3. NEXT OF KIN DETA	ILS
Name	
Date of Birth	Surname         FirstName         Other Names           D D / M M / Y Y Y Sex: Male         Female         Title
Relationship	Tel/Mobile No.
Contact Address	
Landmark	LGA LGA
City/Town	State State
Email	
4. EMPLOYMENT DETA	AILS
Employed	Yes No Nature of Business/ Occupation
Salary	Yes No Date of Employment (if employed)  Date of Employment (if employed)  Date of Employment (if employed)
Annual/Salary Range	e N0 - N50.000 N51 - N250,000 N251,000 - N500,000 N501,000 - N1,000,000 N1,000,000 and above
Position Held	Business/ Employer Name
Business/Employer N	ame ame

Business/ Office																																			
Address (No P.O. Box)																																			
Landmark																																			
City/Town																	I	LGA																	
State																																			
DECLARATION																																			
hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this registration. I also understand I am entitled to update and correct the above information and agree that this information is valid only within the year of registration.																																			
SIGNATURE												_			D	ATE	L	D		D	/	ľ	<b>\</b>	N	1	/	Υ	}	/	Υ	Υ				
FUND PLACEMENT A	ND BAI	IK DI	ETAI	ILS																															
Amount Placed																	Т	enu	re																
Transfer to: Account N	lo.																																		
Transfer to: Account I	Name																																		
Transfer to: Bank Nan	ne																																		
REGISTRATION PACK	AGES																																		
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	Prefe	erre	d St d Gi	ccel	th era			=N	I=1,0	0000	,001 ,001	1.00	) – 5	,500	0,00	0.00					=N	=20	,000	0.00				Tic	ik						
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	Pref Pref Pre	erre	d St d Gi d A ed O	row ccel	era miz	ze ze		=N =N =N	N=2, N=5, N=1(	500	0,001	1.00	0 - 2	,500 ,00 .0,0	00,00	0.00	000				=N =N =N	==10 ==20 ==30 ==40	,000	0.00				Tic	ek						
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SIGNATORY MANDATI  Mandate Authorizat  Sole Signatory  Signatory	Preference	erreceire ferreceire f	d St d Gi d A ed O ed M	ccel Optin Maxi ase n	era miz miz note	ze e tha	(Ple	=N =N his i	I=1,0 N=2, N=5, N=5(is a	00,00 0000 0000 0000 non	000.00 ,001 ,001 ,001 0,000	1.00 1.00 1.00 fun	0) - 2 0) - 5 00 - 1 dab	,,500 ,,00 ,00 50,	0,00 00,00 000,0	0.00	000				=N =N =N	==10 ==20 ==30 ==40	,,000	0.00		]	ore (	(Ple	Passes						
SIGNATORY MANDATE  Mandate Authorizat  Sole Signatory  Signatory  Sole Signatory	Preference	erreceire ferreceire f	d St d Gi d A ed O ed M	rowl cccel Optin Maxi ase n	era miz miz note	ze e tha	(Ple	=N =N his i	I=1,0 N=2, N=5, N=5(is a	00,00 0000 0000 0000 non	000.00 ,001 ,001 ,001 0,000	1.00 1.00 1.00 fun	0) - 2 0) - 5 00 - 1 dab	,,500 ,,00 ,00 50,	0,00 00,00 000,0	0.00	000				=N =N =N	==10 ==20 ==30 ==40	,,000	0.00			ore (	(Ple					ry		
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OFFICIAL USE	
Introduced by:	
Account Officer's Name:	
Signature:	Date: D D / M M / Y Y Y
Account profiled by:	
Signature:	Date: D D / M M / Y Y Y
Approved by:	
Signature:	Date: D D / M M / Y Y Y
AUTHENTICATION FOR PO	OLITICALLY EXPOSED PERSONS
I. Is the A	applicant a Politically Exposed Person? YES NO
	er to the question (I) above is yes, state other documents obtained in line with the company's policy itically Exposed customer in compliance with paragraph 18:3, 4, 5, 6, & 7 of AML/CFT Regulation, 2009
	2.posed vastomer in comprisince was paragraph 100, 1, 0, 0, 0, 0 or 11.2, 0.1 1.05 and 0.1, 2007
ADDRESS VERIFICATION	
Name: Surna	ame: Other Name:
Address Visited:	
Home Address:	
Description of Address:	
Address Verified by:	Sign/Date:
Head Business Developm	ent: Sign/Date: