

ACCOUNT OPENING FORM

Affix Passport Photogram	Passport Photograp	notograpi
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		ACCOL	JN I OF	EMING	G FURI	VI		Allix Passport Pric	nograpn
TYPE OF ACCOUNT (Please mark the type of account(s) you want to open)	CURRENT (Reference required)			TARGET AVINGS	CHILD SAVINGS	FIXED DEPOSIT		*	
ACCOUNT NAME:				2				8	
DETAILS OF ACCOUNT H	OLDERS	SMS ALERT YES	NO						
NAMES:	SURNAME		FIRST NAME			MIDDLE NAME			
MOTHER'S MAIDEN NAME:		à		BIOMETRIC IE	O NO (BVN)				
RELIGION:									
MARITAL STATUS:: DATE OF BIRTH: D D	SINGLE Y	MARRIED Y Y Y	GENDER:		OTHERS TITLE:				
NATIONALITY:									
RESIDENTIAL ADDRESS:	ê.								
NEAREST BUS-STOP:				CITY/TOWN:_	2				
EMAIL: BUSINESS/OCCUPATION: BUSINESS/OFFICE ADDRESS		AY	W		DATE OF EM	PLOYMENT:_			
NEAREST BUS-STOP:		icrofina	ince	CITY/TOWN:_	1		<5.		
TELEPHONE I:					_ TELEPHONE	II:			
MEANS OF IDENTIFICATION:				ID NO).:				
ISSUE DATE:			ID EXPIR	Y DATE:					
STATE OF ORIGIN:			LO	CAL GOVT. AR	EA:				1
FOREIGNERS RESIDENTIAL PERMIT NO: _						d			
NAME OF NEXT OF KIN:					RELATIONS	SHIP:			
ADDRESS OF NEXT OF KIN: _		2			v			1.8	· ·
NEAREST BUS-STOP:					TELEPHO	ONE:			
SIGNATURE				<u> </u>					
FOR OFFICIAL USE (ONLY								***************************************
INTRODUCED BY: _									
REVIEWED BY:			`		*	SIC	SN & DAT	re	
ADDDOVED BY						SIC	A G DAI	_	

Customers are to notify the bank if they do not receive SMS alert within 48 hours after payment. Otherwise the bank will not be liable