

## INDIVIDUAL AND JOINT ACCOUNT OPENING FORM

Note: All (\*) asterisk are compulsory

Affix Passport Here

Affix Passport Here

## PERSONAL DETAILS

	ACCOUNT HOLDER 1	ACCOUNT HOLDER 2
Title	Gender Male Female	Gender Male Female
* Surname		
* First Name		
* Other Names		
* Date of Birth	D D M M Y Y Y	D D M M Y Y Y
* Nationality  If dual, please state		
* State of Origin		
* Local Govt. Area		
* Marital Status		
* Mother's Maiden Name		
<ul><li>* Residential Address</li></ul>		
* Contact Address		
* City		
* Country		
* Mobile no.		
Alternative no.		
*E-mail Address		
MEANS OF IDEN	TIFICATION	
	f the following Options:	
* ID Type	International Passport Drivers Licence  National ID Card Permanent Voters Card	International Passport Drivers Licence  National ID Card Permanent Voters Card
v I D M		Individual Decide International Control of C
* I.D. No.	D D M M Y Y Y	D D M M Y Y Y
* Issue Date	D D M M Y Y Y	D D M M Y Y Y
* Expiry Date		
* eTCC (Electronic Tax Clearance Certificate)		
EMPLOYMENT D		
* Employment Status	f the following Options:    Employed   Self Employed   Retired   Others	Employed Self Employed Retired Others
* Date of		D D M M Y Y Y
Employment		

* Employer's Name	
* Employer's / Employment Address	
* Occupation	
<ul><li>Source of regular income</li></ul>	
Source of Investment (asides regular income	
* Gross Yearly Income	500K - 1M 1M - 5M 5M - 10 M 10M & above 500K - 1M 1M - 5M 5M - 10 M 10M & above
NEXT OF KIN DE	TAILS
* Surname	
* First Name	
* Other Names	
* Relationship	
* Contact Address	
Addless	
* Mobile No.	
* Email	
BANK DETAILS	
* Bank Name	
* Account Name	
* Account No.	
* Account Type	Savings Current Savings Current
* Date of Opening	
* BVN	
INVESTMENT DE	ETAILS
* Initial Investment	* Mode of Payment Cheque Bank Transfer
* Mode of Communication	* Investment Objective Income Growth Preservation of capital
OTHER DETAILS	
Hobbies	
Religion	
Favorite colour	
Name of	
Spouse	
Date of Birth	D D M M Y Y Y Y
	D D M M Y Y Y Y  D D M M Y Y Y Y  D D M M Y Y Y Y
Date of Birth Wedding Anniversary	

DETAILS OF DEP	SON/ENTITY ACTING ON BEHALF OF APPLICANT (If applicable)
	SON, ENTER THE OF BETTALL OF ATTECHNIC (II applicable)
Registered name of entity (If company, corporati	on of trust)
Full Name (Surname first)	
Identification	International Passport Drivers Licence International Passport Drivers Licence
	National ID Card Permanent Voters Card National ID Card Permanent Voters Card
Date of Birth	D D M M Y Y Y Y  D D M M Y Y Y Y
Residential / Registered Address	
PLEASE INDICAT	'E HOW YOU HEARD ABOUT US
Website New	vspaper Radio Jingles Seminars Word of Mouth Social Media Others
KYC DOCUMENT	'S
Driver's license	international passport National I.D of the Applicant Permanent Voters Card
Utility bill (not olde	er than 3 months from date of transaction) Passport Photographs of the Applicant or authorized signatory
	nit on Money Laundering (SCUML) Certificate as applicable to applicant.
ACCOUNT HOLD	PER'S SIGNATURE
Accoontines	
* Signature	* Date
* Signature	* Date