

ACCOUNT OPENING FORM JOINT

CONFIDENTIAL
FORM A

MANDATORY - PLEASE COMPLETE THIS SECTION

HOW DID YOU HEAR ABOUT US? RADIO NEWSPAPER BILLBOARD TV INTERNET SOCIAL MEDIA FIRSTBANK FRIEND/FAMILY OTHER _____

1. PERSONAL INFORMATION

	APPLICANT 5		APPLICANT 6																																
TITLE	<input type="text"/> GENDER <input type="checkbox"/> M <input type="checkbox"/> F	AFFIX APPLICANT PASSPORT PHOTOGRAPH HERE	<input type="text"/> GENDER <input type="checkbox"/> M <input type="checkbox"/> F																																
FIRST NAME	<input type="text"/>		<input type="text"/>																																
OTHER NAME	<input type="text"/>		<input type="text"/>																																
SURNAME	<input type="text"/>		<input type="text"/>																																
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED																																
DATE OF BIRTH	<table border="1"><tr><th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<table border="1"><tr><th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y																												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																												
D	D	M	M	Y	Y	Y	Y																												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																												
PLACE AND COUNTRY OF BIRTH	<input type="text"/>		<input type="text"/>																																
MOTHER'S MAIDEN NAME	<input type="text"/>		<input type="text"/>																																
NATIONALITY	<input type="text"/>		<input type="text"/>																																
DO YOU HAVE DUAL CITIZENSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE SECOND NATIONALITY <input type="text"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE SECOND NATIONALITY <input type="text"/>																																
RESIDENCY STATUS	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY																																
RESIDENT PERMIT NO. (IF APPLICABLE)	<input type="text"/>		<input type="text"/>																																
PERMIT ISSUE DATE	<table border="1"><tr><th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<table border="1"><tr><th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y																												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																												
D	D	M	M	Y	Y	Y	Y																												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																												
PERMIT EXPIRY DATE	<table border="1"><tr><th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<table border="1"><tr><th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y																												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																												
D	D	M	M	Y	Y	Y	Y																												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																												
ID TYPE	<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> PERMANENT VOTER'S CARD <input type="checkbox"/> OTHERS IF OTHERS PLEASE SPECIFY <input type="text"/>		<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> PERMANENT VOTER'S CARD <input type="checkbox"/> OTHERS IF OTHERS PLEASE SPECIFY <input type="text"/>																																
L.G.A	<input type="text"/>		<input type="text"/>																																
STATE OF ORIGIN	<input type="text"/>		<input type="text"/>																																
TAX IDENTIFICATION NUMBER (TIN)	<input type="text"/>		<input type="text"/>																																
PURPOSE OF ACCOUNT	<input type="text"/>		<input type="text"/>																																
BANK VERIFICATION NO. (BVN)	<input type="text"/>		<input type="text"/>																																

2. CONTACT DETAILS

RESIDENTIAL ADDRESS	<input type="text"/> HOUSE NUMBER STREET NAME	<input type="text"/> HOUSE NUMBER STREET NAME
	<input type="text"/> CITY/TOWN LOCAL GOVT. AREA	<input type="text"/> CITY/TOWN LOCAL GOVT. AREA
	<input type="text"/> STATE, COUNTRY	<input type="text"/> STATE, COUNTRY
MAILING ADDRESS (OUTSIDE NIGERIA OR IF DIFFERENT FROM ABOVE)	<input type="text"/> HOUSE NUMBER STREET NAME	<input type="text"/> HOUSE NUMBER STREET NAME
	<input type="text"/> CITY/TOWN LOCAL GOVT. AREA	<input type="text"/> CITY/TOWN LOCAL GOVT. AREA
	<input type="text"/> STATE, COUNTRY	<input type="text"/> STATE, COUNTRY
NEAREST BUS STOP	<input type="text"/>	<input type="text"/>
PHONE NUMBER (1)	<input type="text"/> COUNTRY CODE NUMBER	<input type="text"/> COUNTRY CODE NUMBER
PHONE NUMBER (2)	<input type="text"/> COUNTRY CODE NUMBER	<input type="text"/> COUNTRY CODE NUMBER
EMAIL ADDRESS	<input type="text"/>	<input type="text"/>

3. VALID MEANS OF IDENTIFICATION

ID TYPE	<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> PERMANENT VOTER'S CARD	<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> PERMANENT VOTER'S CARD																																
	<input type="checkbox"/> OTHERS IF OTHERS PLEASE SPECIFY <input type="text"/>	<input type="checkbox"/> OTHERS IF OTHERS PLEASE SPECIFY <input type="text"/>																																
ID NUMBER	<input type="text"/>	<input type="text"/>																																
ID ISSUE DATE	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
D	D	M	M	Y	Y	Y	Y																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
ID EXPIRY DATE	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
D	D	M	M	Y	Y	Y	Y																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											

*PEOPLE IN PECULIAR CIRCUMFERENCES ARTISANS, PETTY TRADERS, STUDENT WHO MAY NOT HAVE THE PRESCRIBED ID.

4. ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK APPLICABLE OPTION BELOW)

CARD PREFERENCES	<input type="checkbox"/> VERVE CARD <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA CARD	<input type="checkbox"/> VERVE CARD <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA CARD
	<input type="checkbox"/> OTHERS (SPECIFY) <input type="text"/>	<input type="checkbox"/> OTHERS (SPECIFY) <input type="text"/>
ELECTRONIC BANKING PREFERENCES	<input type="checkbox"/> INTERNET BANKING <input type="checkbox"/> MOBILE BANKING <input type="checkbox"/> ATM/POS	<input type="checkbox"/> INTERNET BANKING <input type="checkbox"/> MOBILE BANKING <input type="checkbox"/> ATM/POS
	<input type="checkbox"/> OTHER ELECTRONIC CHANNELS (FEES MAY APPLY) SPECIFY <input type="text"/>	<input type="checkbox"/> OTHER ELECTRONIC CHANNELS (FEES MAY APPLY) SPECIFY <input type="text"/>
TRANSACTION ALERT PREFERENCES	<input type="checkbox"/> EMAIL ALERT (FREE) <input type="checkbox"/> SMS ALERT (FEE APPLIES)	<input type="checkbox"/> EMAIL ALERT (FREE) <input type="checkbox"/> SMS ALERT (FEE APPLIES)
STATEMENT PREFERENCES	<input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> COLLECTION AT BRANCH	<input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> COLLECTION AT BRANCH
STATEMENT FREQUENCY	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY
CHEQUE BOOK REQUISITION (FEES APPLIES)	<input type="checkbox"/> OPENED CHEQUE <input type="checkbox"/> CROSSED CHEQUE	<input type="checkbox"/> OPENED CHEQUE <input type="checkbox"/> CROSSED CHEQUE
	<input type="checkbox"/> 25 LEAVES <input type="checkbox"/> 50 LEAVES <input type="checkbox"/> 100 LEAVES	<input type="checkbox"/> 25 LEAVES <input type="checkbox"/> 50 LEAVES <input type="checkbox"/> 100 LEAVES
CHEQUE CONFIRMATION	WILL YOU LIKE TO PRE-CONFIRM YOUR CHEQUES? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU LIKE TO PRE-CONFIRM YOUR CHEQUES? <input type="checkbox"/> YES <input type="checkbox"/> NO
CHEQUE CONFIRMATION THRESHOLD	IF THE ANSWER TO THE ABOVE IS YES, PLEASE SPECIFY THE THRESHOLD <input type="text"/>	IF THE ANSWER TO THE ABOVE IS YES, PLEASE SPECIFY THE THRESHOLD <input type="text"/>

5. EMPLOYMENT DETAILS

EMPLOYMENT STATUS	<input type="checkbox"/> SALARIED EMPLOYMENT <input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> SALARIED EMPLOYMENT <input type="checkbox"/> SELF-EMPLOYED																																
	<input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED																																
	<input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER	<input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER																																
	IF OTHERS PLEASE SPECIFY <input type="text"/>	IF OTHERS PLEASE SPECIFY <input type="text"/>																																
DATE OF EMPLOYMENT	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
D	D	M	M	Y	Y	Y	Y																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
JOB TITLE	<input type="text"/>	<input type="text"/>																																

ANNUAL SALARY/
EXPECTED ANNUAL INCOME LESS THAN N50,000
 N51,000-N250,000
 N251,000 - N500,000
 N501,000 - LESS THAN N1 MILLION
 N1 MILLION - LESS THAN N5 MILLION
 N10 MILLION - LESS THAN N20 MILLION
 N5 MILLION - LESS THAN N10 MILLION
 ABOVE N20 MILLION

BUSINESS/EMPLOYER'S NAME
 NATURE OF BUSINESS/
OCCUPATION
 EMPLOYER'S ADDRESS
 STREET NAME
 CITY/TOWN LOCAL GOVT. AREA
 STATE, COUNTRY
 NEAREST BUS STOP
 OFFICE PHONE NUMBER
 COUNTRY CODE NUMBER
 FAX NUMBER
 COUNTRY CODE NUMBER

LESS THAN N50,000
 N51,000-N250,000
 N251,000 - N500,000
 N501,000 - LESS THAN N1 MILLION
 N1 MILLION - LESS THAN N5 MILLION
 N10 MILLION - LESS THAN N20 MILLION
 N5 MILLION - LESS THAN N10 MILLION
 ABOVE N20 MILLION

STREET NAME
 CITY/TOWN LOCAL GOVT. AREA
 STATE, COUNTRY

 COUNTRY CODE NUMBER

 COUNTRY CODE NUMBER

6. DETAILS OF NEXT OF KIN

TITLE GENDER MALE FEMALE
 FIRST NAME
 OTHER NAME
 SURNAME
 DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 RELATIONSHIP
 MOBILE PHONE NUMBER
 COUNTRY CODE NUMBER
 EMAIL ADDRESS
 CONTACT ADDRESS
 HOUSE NUMBER STREET NAME
 CITY/TOWN LOCAL GOVT. AREA
 STATE, COUNTRY
 NEAREST BUS STOP

GENDER MALE FEMALE

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 COUNTRY CODE NUMBER

 HOUSE NUMBER STREET NAME
 CITY/TOWN LOCAL GOVT. AREA
 STATE, COUNTRY

7. ADDITIONAL DETAILS

NAME OF BENEFICIAL
OWNER(S) (IF ANY)
 SPOUSE'S NAME
(IF APPLICABLE)
 SPOUSE OCCUPATION
 SPOUSE DATE OF BIRTH
 SOURCES OF FUND TO
THE ACCOUNT
 1
 2
 EXPECTED ANNUAL INCOME
FROM OTHER SOURCES
 NAME OF ASSOCIATED
BUSINESS(ES) (IF ANY)
 1
 2
 3
 TYPE OF BUSINESS
 BUSINESS ADDRESS

1
 2

 1
 2
 3

8. ACCOUNT HELD WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS ACTIVE/DORMANT
1.				
2.				
3.				
4.				

· If a breach is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to appropriate law enforcement agencies in line with extant laws.