



ADDITIONAL ACCOUNT SIGNATORY

ACCOUNT No. (for official use only)	CUSTOMER ID (for official use only)	BIOMETRIC ID No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following ☐ A ☐ B ☒ C ☐

Account Name

☐ Additional Signatory ☐ Replacement of Signatory

Name of Signatory being Introduced / Replaced

Reason for addition / replacement

NEW SIGNATORY DETAILS

Title Surname

First Name

Other Name

Biometric ID Date of Birth Gender ☐ F ☐ M

Mother's Maiden Name

Occupation

Status/Job Title

Means of Identification:

☐ National ID Card ☐ National Driver's License ☐ International Passport ☐ INEC Voter's Card ☐ Others (please specify)

ID Number Issue Date Expiry Date

Residential Address

House Number Street Name

Nearest Bus Stop/
Landmark

City/Town

Local Govt. Area State

Phone Number 1 Phone Number 2

Nationality Dual Citizenship? ☐ Yes ☐ No If Yes, Please State:

Email Address (Optional)

Class of Signatory (e.g. A,B,C etc.) Signature Date

ACCOUNT SERVICES OFFERED (PLEASE TICK OPTION BELOW)

<input type="checkbox"/> Interactive Voice Recording (IVR)	<input type="checkbox"/> Cheque Book Request
<input type="checkbox"/> Withdrawal Withdrawal Limit: <input type="text"/>	<input type="checkbox"/> Requests for Statement of Account
<input type="checkbox"/> Fund Transfers Transfer Limit: <input type="text"/>	<input type="checkbox"/> SMS Alerts <input type="checkbox"/> Debits Only <input type="checkbox"/> Credit Only <input type="checkbox"/> Both
<input type="checkbox"/> Check Balance <input type="checkbox"/> Other Services Please Specify: <input type="text"/>	<input type="checkbox"/> Email Alerts

Except otherwise permitted by the Bank, only the above Services are permissible to the signatory and all powers of the additional account signatory shall cease upon the death of the primary account holder.

