

BANK VERIFICATION NUMBER ENROLMENT FORM

Please provide the necessary information (field marked with * are compulsory)

Personal/Contact Details

*Surname:

*Middle Name:

*First Name:

*Account Number:

Additional Account Number (Where Applicable)

National Identity Number (NIN):

*Gender:

Male ☐

Female ☐

*Titles:

Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Others

*Marital Status

☐ Single ☐ Married ☐ Widow

☐ Widower ☐ Divorced ☐ Separated

*Date of Birth:

*State of Origin:

*Nationality:

*LGA of Origin:

*Residential Address:

*LGA of Residence:

*State of Residence:

Land Mark:

*Phone Number 1:

Phone Number 2:

E-mail Address:

Location of Collection:

Special Needs:

☐ Yes ☐ No

If yes Please Explain:

Agreement Clause

- I agree to submit my Biometric Data and Personal/Contact details to the Bank as may be required for account opening, maintenance and operation purposes, to enhance the security of my account and transactions from time to time.
- I give permission for the bank to securely store and transmit this Biometric and Personal/Contact data for the purposes of operating my bank account.
- I understand that "Biometric data" refers to the unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a person.
- I understand that "Personal/Contact details" refers to the information I have provided above.

Disclaimer Clause

- The Bank shall exercise due care in ensuring that customers' biometric data and Personal/ Contact details are secure.
- The Bank shall not be liable for breaches/disclosures that may occur where it is compelled by law or regulatory authority to disclose any biometric data and or Personal/Contact details to third parties.

I hereby attest that the above information is true and complete.

Signature and date

Space Below Is For Bank Official Only

Customer's ID:

Enrolment Ticket ID

Verified By:

Mode of Identification

☐ Non Nigerian
 ☐ Diplomatic mission

Nationality
 Passport No
 Country of Issue

Date Issued:

D	D	M	M	Y	Y	Y	Y

 Expiry Date:

D	D	M	M	Y	Y	Y	Y

Work/Residential Permit ☐ Yes ☐ No (If Yes)
 Date Issued:

D	D	M	M	Y	Y	Y	Y

 Expiry Date:

D	D	M	M	Y	Y	Y	Y

Signature: _____

Date:

D	D

M	M

Y	Y	Y	Y

Customer's ID:	<input type="text"/>	Enrolment Ticket ID	<input type="text"/>
Verified By:	<input type="text"/>		<input type="text"/>