





ADDITIONAL ACCOUNT OPENING FORM (INDIVIDUAL)

BRANCH
Title BVN NIN
(Surname) (First Name)
(Others) with existing acount number
wish to open a Savings account Current Account Joint Account Domiciliary Account
Others(please specify)
ACCOUNT SERVICE(S) REQUIRED (Please tick option below)
Services Interactie Voice Recording (IVR) Mobile Banking Internet Banking Alert SMS (Fee apply) Only Both Fmail (Free)
Kindly request for a token as it is required to complete a FirstOnline transaction and write your preferred Username below Statement Frequency (Email Only) Monthly Quarterly Semi Annually
Card Naira Debit Visa Cheque Book (fees apply) 25 Leaves 50 Leaves 100 Leaves Type Closed Open
Kindly note that your account will be debited with applicable fees as cost of card issuance once your account is opened. If you do not want a card/any of the services pre-ticed above, you are required to indicate by ticking this box and complete our account services decline form section.
Preferred Username
(Online Banking only)
Nationality Has your house address changed? Yes No
Dual Citizenship/Foreign Residency Yes No Please State
Annual Salary/ Expected Annual Income Annual Salary:
Less than N50,000 N51,000- N250,000 N251,000- N500,000 N501,000- Less than N1 Million
N1 Million - Less than N5 Million - Less than N10 Million - Less than N20 Million Above N20 Million

TERMS AND CONDITIONS

I hereby apply for the opening of an additional account with FirstBank of Nigeria Limited. I confirm that I have read and understood the applicable terms and conditions and those relating to various products and services that I have requested including but not limited to Debit Card/Credit Card/Internet Banking/Mobile banking/SMS and Email Alerts.

I accept and agree to be bound by these terms and conditions including those excluding / limiting the Bank's liability.

I understand that the bank may debit my account for service charges as applicable from time to time.

I hereby declare that the information given above is true and correct to the best of my knowledge.

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.



PERSONAL DATA PROCESSING CONSENT NOTICE

At FirstBank, we take your privacy seriously and only process your personal information to give you a better experience. In accordance with the Nigerian Data Protection Act 2023 and other applicable regulations. By signing this form, you authorize FirstBank and its affiliates in the FBN Holdings PLC group to process your personal information in line with our Privacy Policy. For more information, please visit https://www.firstbanknigeria.com/home/legal/privacy-policy/or send a mail to dataprotectionoffice@firstbanknigeria.com if you wish to withdraw your consent of your personal information.

EMPLOYMENT DETAILS	
Employed Self Employed	Unemployed Retired Student Other (Please specify)
Date of Employment (if employed)	(Y Y Y
Employer's Name	
Employer's/ Employment Address (Even if self employ	ed)
Street Number	Street Name
City/Town	
Nearest Bus Stop/ Landmark	
Local Govt Area	State State
Nature of Business/ Occupation	
Office Phone Number	Fax Number
CONTACT DETAILS (Please complete if	contact detail has changed)
House Number	Street Name
Nearest Bus Stop/ Landmark	
City/Town	
Local Govt Area	State State
Phone Number 1	Phone Number 2
Email Address (Optional)	
Signature of Account Holder	Date Date
	Postage Stamp here and sign across
FOR OFFICIAL USE ONLY	
Additional Account Opening Initiated by:	
Staff Name	
Staff Number	Signature Date Date Date
Additional Account Opening Authorised by:	
Staff Name	
Staff Number	Signature Date Date Date