

ACCOUNT OPENING FORM - INDIVIDUAL

INDIVIDUAL ACCOUNT DETAILS (PLEASE COMPLETE THIS SECTION)

NAME OF TRUST	<input type="text"/>										AFFIX APPLICANTS PASSPORT PHOTOGRAPH HERE	
TITLE	<input type="text"/>	GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE								
SETTLOR'S FIRST NAME	<input type="text"/>				OTHER NAMES	<input type="text"/>						
SETTLOR'S SURNAME	<input type="text"/>											
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
MOTHER'S MAIDEN NAME	<input type="text"/>						NATIONALITY	<input type="text"/>				
STATE OF ORIGIN	<input type="text"/>					LGA OF STATE OF ORIGIN	<input type="text"/>					
RELIGION	<input type="text"/>											
RESIDENTIAL ADDRESS	<input type="text"/>											
	HOUSE NUMBER					STREET NAME						
	<input type="text"/>				<input type="text"/>			<input type="text"/>				
	CITY/TOWN				LOCAL GOVT. AREA			STATE, COUNTRY				
MAILING ADDRESS <small>(OUTSIDE NIGERIA OR IF DIFFERENT FROM ABOVE)</small>	<input type="text"/>											
	HOUSE NUMBER					STREET NAME						
	<input type="text"/>				<input type="text"/>			<input type="text"/>				
	CITY/TOWN				STATE, COUNTRY							
MOBILE PHONE NUMBER 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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			MOBILE PHONE NUMBER 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	COUNTRY CODE	NUMBER			COUNTRY CODE	NUMBER						
E-MAIL	<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"/>
DO YOU HAVE IMMIGRANT STATUS IN OR ARE YOU A RESIDENT OF ANOTHER COUNTRY I.E. ARE YOU A PERMANENT RESIDENT, GREEN CARD HOLDER OR RESIDENT ALIEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE STATE THE COUNTRY									<input type="text"/>
RESIDENCY STATUS	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PERMANENT	RESIDENT PERMIT NO. <small>(IF APPLICABLE)</small>	<input type="text"/>								
PERMIT ISSUE DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	M	M	Y	Y	Y	Y	PERMIT EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	M	M	Y	Y	Y	Y		M	M	Y	Y	
ID TYPE	<input type="checkbox"/> INTERNATIONAL PASSPORT	<input type="checkbox"/> DRIVERS LICENCE	<input type="checkbox"/> NATIONAL ID CARD	<input type="checkbox"/> PERMANENT VOTERS CARD	<input type="checkbox"/> OTHERS							
IF OTHERS PLEASE SPECIFY	<input type="text"/>											
ID NUMBER	<input type="text"/>						PLACE OF ISSUE	<input type="text"/>				
ID ISSUE DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	M	M	Y	Y	Y	Y		M	M	Y	Y	
ONLINE ACCESS TO ACCOUNT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PREFERRED MEANS OF COMMUNICATION	<input type="checkbox"/> POST	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> IN PERSON	<input type="checkbox"/> HOLD MAILES					

EMPLOYMENT DETAILS

EMPLOYMENT STATUS PAID EMPLOYMENT SELF EMPLOYED RETIRED UNEMPLOYED

DATE OF EMPLOYMENT

D	D	M	M	Y	Y	Y	Y

OCCUPATION/LINE OF BUSINESS

BUSINESS/EMPLOYER NAME

INDUSTRY

EMPLOYER'S ADDRESS

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

OFFICE PHONE NUMBER

COUNTRY CODE			NUMBER									

 FAX NUMBER

COUNTRY CODE			NUMBER									

SOURCE OF FUND

SALARY BUSINESS INCOME GRATUITY SALES OF PROPERTIES OTHERS (PLEASE SPECIFY)

APART FROM YOUR OCCUPATION, PLEASE SPECIFY OTHER SOURCES OF INCOME YOU EARN

BANK DETAILS

ANNUAL INCOME / TURNOVER

ACCOUNT NAME

BANK'S NAME Account Number

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BRANCH

BANK VERIFICATION NUMBER (BVN) TAX IDENTIFICATION NO.

TRUST MANDATE:

11. In the event of my demise, beneficiary(ies) or any other person(s) or institution(s) designated herein shall receive, in the proportions I have indicated, my total accumulated investment or any balance standing to the credit of my investment account.
- a. For this purpose, persons or institutions stated herein shall supersede any other instruction or directive in my will and payment shall be made to the nominee(s) with no regard for probate or letter of administration.
12. That the above mandate/resolution shall remain valid and in force until rescinded by notice in writing under my/our hand.

S/N	NAME OF BENEFICIARY	ADDRESS	PHONE	RELATIONSHIP	RATIO (%)

DATED THIS _____ DAY OF _____ 20 _____

NAME IN FULL

I / WE WISH TO OPEN AN ACCOUNT WITH YOU AND AFFIRM THAT THE ABOVE INFORMATION GIVEN BY ME/US IS CORRECT

SIGNATURE/THUMBPRINT OF SETTLOR 1

DATE

		M	M	Y	Y	Y	Y