



KNOW YOUR CUSTOMER (KYC)

This form should be completed in CAPITAL LETTERS, Characters and marks should be similar in style to the following

BRANCH ACCOUNT No. (for official use only) CHN NO:
 BIOMETRIC ID NO: BVN(CBN):

I. PERSONAL INFORMATION

Title Surname
 First Name Other Name
 Marital Status (Please tick as appropriate) Single Married Others (please specify) Gender F M
 Place of Birth 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"/>

 Mother's Maiden Name
 State of Origin Tax Identification Number(TIN) (if available)
 L.G.A Home Town
 Religion / Place of Worship
 Spouse's Name(If applicable)
 Spouse 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"/>

 Spouse Occupation
 Anniversary Date
 Bank Name
 Bank Address
 Bank Sort Code
 Bank Account Number Date Opened

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"/>

2. CONTACT DETAILS

Residential Address
 Street Number Street Name
 Nearest Bus Stop/Landmark
 City/Town Local Govt. Area
 State
 Mailing Address
 Phone Number (1) Phone Number (2)
 E-mail Address

3. VALID MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport PVC Others (please specify)

ID No. ID Issue Date ID Expiry Date

Valid Utility Bill: Nepa Bill Water Rates

People in Peculiar Circumstances - Artisans, Petty Traders, Students who did not have the prescribed IDs

4. EMPLOYMENT DETAILS

Employment Status: Employed Self Employed Unemployed Retired Student Others (Please specify)

Date of Employment (If employed)

Business/Employer's Name

Employer's/ Employment Address

House Number Street Name

Nature of Business/Occupation

Position held by the applicant at place of work

Nearest Bus Stop/Landmark

City / Town Local Govt Area

Office Phone Number E-mail Address

5. DETAILS OF NEXT OF KIN

Surname Other Name(s)

First Name

Date of Birth Gender F M Title (Specify)

Relationship

Mobile Number 1 Mobile Number 2

E-mail Address

Contact Details

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

6. DECLARATION

I/We certify that the above particulars are true and correct:

Customer's Name

Signature & date

.....

.....

FOR BANK USE ONLY

Verified by:

Name:..... Signature:..... Date:.....

Approved by:

Name:..... Signature:..... Date:.....