

CUSTOMER KYC FORM

Type of customer: Individual Corporate **Account Status** Account Number(s) **Date Account Opened** (active, dormant, frozen, closing, closed) Full Name: _____ Nickname (Alias): Phone Number: _____ Email Address: _____ _____ Marital Status: _____ Date of Birth: Religion: _____ Mother's Maiden Name: ____ Place of Birth: ______ Home Town: _____ LGA: ______ State of Origin: _____ Occupation/Profession: _______ BVN: _____ Employer's Name: _____ Employment Status: _____ Employer's Address: _____ Employer's Phone: _____ Next of Kin Relationship Phone number Address ID type: ID Num: Issue Date: Expire Date:

Expected Annual Income Primary Source of Income Other(Specify)

Who introduced you to the Bank?		
Customer's present Address?		
Noncest Bus Stars		
Nearest Bus Stop		
Description:		
For official use only		
The relationship office	cer of	who is a prospective/existing
customer of the bank, do hereby confirm t	hat I have carried our relevant ve	rification to establish the identity,
address and nature of business of the custo	omer and his/her eligibility as an	account holder with the bank.
I also certify that the customer is engaged i	in (state nature of business)	
, 56		it shall be my
responsibility to continuously monitor the	•	
management at any point in time there is /		anding of the account holder and /or
suspicious transaction as required by statu	tory regulations.	
Name of Relationship Officer	Signature	Date
Name of Head of Marketing	Signature	Date