



ACCOUNT OPENING FORM – INDIVIDUAL

Silver Banking Application – Tier 1 Savings

BRANCH

SECTION A: PERSONAL INFORMATION

Title	Miss	Surname	WILLIAMS	First Name	CHISOM	Other Name	AMANDA
Marital Status:	Single <input checked="" type="checkbox"/>	Married <input type="checkbox"/>	Others (Please Specify) _____			Gender:	F <input checked="" type="checkbox"/> M <input type="checkbox"/>
Place of Birth	LAGOS		State of Origin	ANAMBRA		L.G.A	ANAMBRA EAST
Nationality	NIGERIAN		Country of Birth	NIGERIA		Date of Birth	05/01/2000
BVN	12578999000			Is this the first time of opening an account		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION B: CONTACT DETAILS

Street Number	1	Street Name	Nbego chi street	L.G.A	Gti-osa		
Nearest Bus Stop/ Landmark	JAKANDE	City/Town		State	LAGOS		
Mailing Address (Tick box if same as above) <input type="checkbox"/>							
Phone Number (1)	08100998121		Phone Number (2)	Email		williamschi@gmail.com	

SECTION C: NEXT OF KIN DETAILS

Title	Miss	Surname	Williams	First Name	Chiamaka	Other Name	Peace
Date of Birth	01/12/1990			Gender:	F <input checked="" type="checkbox"/> M <input type="checkbox"/>		
Street Number	A	Street Name	Nbego chi street	L.G.A	Gti-osa		
City/Town		State	LAGOS	Relationship	Sister		
Phone Number (1)	08101995840		Phone Number (2)	Email			

SECTION D: EMPLOYMENT DETAILS - (Optional)

Employer's Name	Employment Status:			Contract <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Student <input checked="" type="checkbox"/>
Employer's Address							
Employment Date				Industry Sector	Gross Pay Salary		
Nature of Business	Occupation			Net Pay Salary			

SECTION E: ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preference:	Debit <input type="checkbox"/>	Prepaid <input type="checkbox"/>	Auto-renew card at expiration:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preferred card name					
I/We hereby request for the following services: Online Banking (for mobile & internet bank) Signature					
Transaction Alert Preferences: Email Alert (Free) <input type="checkbox"/>			SMS Alert (Fees applies) <input checked="" type="checkbox"/> *Mandatory		
Statement Preferences: Email <input type="checkbox"/> Post <input type="checkbox"/> Collection at Branch <input type="checkbox"/> Statement Frequency: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/>					

SECTION F: CUSTOMER MANDATE

Customer Name: Miss Williams Chisom Amanda		Account No. (FOR BANK USE ONLY)	
Class of Signatory			
Mandate authorisation/Combination rule: Sole Signatory <input checked="" type="checkbox"/> Either to Sign <input type="checkbox"/> Both to Sign <input type="checkbox"/>			
Customer's Signature	Date	FOR BANK USE ONLY	
	01/06/22	Name	Date

Affix Passport Photograph here