

Ground Floor, Foundation Plaza Plot 792, Shettima Munguno Crescent Utako District Abuja

KYC QUESTIONAIRE

PERSONAL DETAILS:
Name:
State:LGA
Present Home
Address:
Previous Home Address:
Permanent Home Address:
Date of Birth:
Place Of Birth:
Marital Status:If Married, Name of Spouse:
No. Of Children:Name of first child:
Next of Kin:
Mother's Maiden Name:
Email Address:
Phone Number:
A. EMPLOYMENT:
1. Current Employer:
2. Name of Supervisor/Dept:
3. Position:
4. Annual Income:
5. Length of Period with Present Employer:
6. Office Address:
B. SELF EMPLOYED:
1. Nature of Business:
2. Business Address:
3 Annual income:

1	RC NO. And Date of Incorporation:
5	Name of Director:1
0.	Name of Director:2
	Name of Director:3
1.	STATE OTHER SOURCE (S) OF YOUR LEASE REPAYMENT IF ANY:
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	SIGNATURE & DATE.
FOR (OFFICIAL USE:
	med by:
Name	
Desig	nation:
Signat	ture & Date: