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Next of Kir-Setails

Fittle Surname

First Name

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ACCOUNT CONVERSION FORM

ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK AS APPLICABLE BELOW)	
Debit Card: Verve Card MasterCard Visa Card	
Transaction Alert Preferences: E-mail (Free) SMS (Charges apply)	
Statement Frequency: Monthly Quarterly Semi-annually Annually Freference: E-mail	Post Collection at Branch
Cheque Book Requisition: Open Cheque 50 Leaves 100 Leaves Confirmation: Would you like to pre-confirmation:	onfirm your cheques? Yes No
Cheque Confirmation Threshold: the answer to the above is yes, please specify the threshold	the billion and NESS 200 20
DECLARATION MINIMUM COMMINICATION	threshold is currently N150,000.00
I/We hereby request for the conversion of my/our existing account with Wema Bank Plc. I/We understand that the documents supplied are the basis for operating such account(s) and I/we therefore warrant that such infor understand that this request may require the Bank to close my/our existing account and open a new account undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the informalso agree to abide by the terms and conditions specified for the new account type.	rmation is correct. I/We on my/our behalf. I/We further
1. Name 2. Name	
Signature Signature	
Date D D / M M / Y Y Y Y	M / Y Y Y Y
FOR OFFICIAL USE ONLY	
FOR OFFICIAL USE ONLY REQUIREMENT CHECKLIST	
	Existing Updated Deferred
REQUIREMENT CHECKLIST	Existing Updated Deferred
REQUIREMENT CHECKLIST S/N Document Required	Existing Updated Deferred
REQUIREMENT CHECKLIST S/N Document Required 1 Duly completed Account Opening Form	Existing Updated Deferred
REQUIREMENT CHECKLIST S/N Document Required 1 Duly completed Account Opening Form 2 Specimen signature card duly completed	Existing Updated Deferred
REQUIREMENT CHECKLIST S/N Document Required 1 Duly completed Account Opening Form 2 Specimen signature card duly completed 3 One (1) recent Passport Photograph	Existing Updated Deferred
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