

BANK VERIFICATION NUMBER ENROLMENT FORM

Please provide the necessary information (Fields marked with * are compulsory)

NAME*:

SURNAME

FIRST NAME

MIDDLE NAME

TITLE*: _____

MARITAL STATUS*:

SINGLE

☐

MARRIED

☐

WIDOW

☐

WIDOWER

☐

DIVORCED

☐

SEPARATED

☐

GENDER*:

MALE

☐

FEMALE

☐

DATE OF BIRTH (DD/MM/YYYY)*: _____

NATIONALITY*: _____

STATE OF ORIGIN*: _____

LGA OF ORIGIN *: _____

RESIDENTIAL ADDRESS*: _____

LGA OF RESIDENCE*: _____

STATE OF RESIDENCE*: _____

PHONE NUMBER 1: _____ PHONE NUMBER 2: _____

E-MAIL ADDRESS: _____

LOCATION OF COLLECTION: _____

SPECIAL NEEDS: YES ☐ NO ☐

IF YES PLEASE EXPLAIN: _____

I hereby attest the above information is true and complete.

SIGNATURE / DATE

BANK ONLY

VERIFIED BY: _____

ENROLMENT TICKET ID

Agreement Clauses

-I agree to submit my Biometric information to the bank as may be required for account opening, maintenance and operation purposes, to enhance the security of my account and transactions from time to time.

- I give permission for the bank to securely store and transmit this Biometric data for the purposes of operating my bank account.

- I understand that a Biometric is a unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a particular person

Disclaimer Clause

The bank shall not be liable for breaches/disclosures that may occur if it is compelled by law or regulation to disclose customer biometrics data to third parties. However, the Bank shall exercise due care to ensure that the customers biometrics data is secure and protected