

KNOW-YOUR-CUSTOMER FORM (INDIVIDUAL ACCOUNT)

Category of Account (tick as appropriate): Individual Joint

Title	First Name			
Middle Name	Last Name			
Religion	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth (dd/mm/yyyy)	Place/Country of Birth			
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Others _____			
State of Origin (Nigerians Only)	LGA			
Mother's Maiden Name				
Residential Address				
Mailing Address				
period of stay in Present Residence				
Country of residence	Nationality			
Resident Indicator <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident				
Do you carry other country's passport other than Nigeria? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, state the country-----				
Mobile Phone (1)				
Landline Phone				
Personal Email Address				
ID Type <input type="checkbox"/> International Passport ID <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voters card <input type="checkbox"/> Others				
ID Number	Issue Date	Expiry Date	Place of Issue	Tax Identification Number

JOINT ACCOUNT HOLDER

Name of Account				
Relationship with Joint Account				
Holder name of Joint Account Holder				
Date of Birth (dd/mm/yyyy)	Place/Country of Birth			
Residential Address				
marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Country of Residence	Nationality			
Mobile Phone (1)	Mobile Phone (2)			
Landline Phone				
Personal Email Address				
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voters Card <input type="checkbox"/> Others				
ID Number	Issue Date	Expiry Date	Place of Issue	Tax Identification Number

Employment Details

Level of Qualification	
Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed	Others
occupation/Employment Segment	
Company Name	
Company/Office Address	

Official Telephone Number	Fax Number		
Official Email Address	Official Website Address		
Annual Average Income	<input type="checkbox"/> Less than N10m	<input type="checkbox"/> N10-50m	<input type="checkbox"/> N50m and Above
Source of Investment Fund	<input type="checkbox"/> Employment	<input type="checkbox"/> Business	Others
Purpose of Investment			

Bank Account Details (Your Bank Account Name Details Should Correspond with CSCS Account Name).

Bank Name	Branch
Account Name	Account Number
Bank Verification Number	Account Type

Next of Kin Details

Title	First Name			
Middle Name	Last Name			
Date of Birth	Nationality	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Relationship	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Spouse	Other
Email	Telephone Contact			
Contact Address of Next of Kin				

For Minor Only

Name of Minor			
Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Questionnaire

Have you occupied any Political Position? Yes No If yes, please state the most recent political position occupied
 _____ Date From _____ To _____

Have any of you close relatives/associates occupied Political Position: If Yes No
 yes, Please state the names and your relationship with such persons below

- Name _____ Relationship _____
 Position Held _____ Date: From _____ To _____
- Name _____ Relationship _____
 Position Held _____ Date: From _____ To _____

Attestation

I/We attest that all information provided herein is accurate and would notify you to update my / our records where any change occurs

 Name, Signature and Date

 Name, Signature and Date

For Official Purpose Only

Documentation Checklist

- Completed account opening form
- Passport Photograph
- *Means of Identification
- * Original must be sighted
- * Proof of address (e.g. copy of recent utility bill)
- Resident permit (for Non-Nigerians)
- * Birth Certification (for minors only)

Document Status	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Risk rating	<input type="checkbox"/> Low	<input type="checkbox"/> Medium <input type="checkbox"/> High
Account Opening Authorized By		
Date		
CSCS Number	Account Number	