

Bank Verification Number ENROLMENT FORM

INSTRUCTIONS:

- This form should be completed in BLOCK letters.
- All fields marked in * are mandatory.

FIRST NAME*

MIDDLE NAME

LAST NAME*

TITLE*

GENDER*

NATIONALITY*

DATE OF BIRTH*

CUSTOMER ID:

NATIONAL IDENTITY NO (NIN)*

STATE OF ORIGIN*

MARITAL STATUS*

SINGLE

☐

MARRIED

☐

OTHERS

(Please Specify)

☐

.....

RESIDENTIAL ADDRESS*

NEAREST BUS STOP/LANDMARK

STATE OF RESIDENCE*

LOCAL GOVT. AREA

PHONE NUMBER 1*

PHONE NUMBER 2

E-MAIL ADDRESS*

SPECIAL NEEDS

YES

☐

NO

☐

IF YES, PLEASE EXPLAIN

Agreement Clause

- 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 transaction from time to time.
- I give permission for the Bank to securely store and transmit this Biometric data for the purpose of operating my bank account.
- I understand that a Biometric is a unique physiological data such as fingerprints, iris and hand scans or voice and face recognition used in positively identifying a person.

Disclaimer Clause

- The Bank shall not be liable for breaches/disclosures that may occur if 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.

I hereby attest the above information is true and complete

.....

Signature & Date

FOR OFFICIAL USE ONLY

Verified by:

Enrolment Ticket ID

Signature & Date: