

# INDIVIDUAL ACCOUNT OPENING FORM

## FOR OFFICIAL USE ONLY

BVN NO.

ACCOUNT NO.

BRANCH

PASSPORT  
PHOTOGRAPH

## ACCOUNT TYPE

TYPE OF ACCOUNT > CURRENT ☐ SAVINGS ☐ JOINT ☐

CURRENCY > NGN(₦) ☐ USD(\$) ☐ GBP(£) ☐ EUR(€) ☐

OTHER TYPES OF ACCOUNT >

PURPOSE OF ACCOUNT > SALARY ☐ INVESTMENT ☐ CHILDREN ☐ OTHER ☐ (Please Specify) >

## PERSONAL INFORMATION

TITLE

SURNAME

FIRST NAME

OTHER NAMES

DATE OF BIRTH

GENDER

☐
☐

Male Female

MOTHER'S MAIDEN NAME

MARITAL STATUS > SINGLE ☐ MARRIED ☐ OTHER ☐ (Please Specify) >

PLACE OF BIRTH

STATE OF ORIGIN

LOCAL GOVT. AREA

NATIONALITY

RELIGION

NO. OF CHILDREN

NO. OF DEPENDANTS

### For Non-Nigerians

RESIDENT PERMIT  
NUMBER

ISSUE DATE

EXPIRY DATE

EDUCATION

> O' LEVEL ☐ STUDENT ☐ GRADUATE ☐ POST-GRADUATE ☐ OTHER ☐ (Please Specify) >

## CONTACT DETAILS

EMAIL ADDRESS

SOCIAL MEDIA



FACEBOOK



LINKEDIN



TWITTER



INSTAGRAM

### Residential Address

HOUSE  
NUMBER

STREET NAME

NEAREST BUS-STOP/  
LANDMARK

CITY/TOWN

LOCAL GOVT. AREA

STATE

LENGTH OF STAY AT  
CURRENT ADDRESS

Yr(s) Mth(s)

ACCOMMODATION TYPE >

RENTED ☐

OWNED ☐

COUNTRY

MAILING ADDRESS

(If different from above address)

MOBILE  
NUMBER

(Country Code)

OTHER  
NUMBER

(Country Code)

IDENTIFICATION

NATIONAL ID

DRIVER'S LICENSE

INT'L PASSPORT

VOTER'S CARD  
(Permanent)

OTHERS  
(Please Specify)

>

ID. NUMBER

ISSUE DATE

EXPIRY DATE

TAX IDENTIFICATION NUMBER

Are you a US Permanent Resident or citizen? YES

NO

SOCIAL SECURITY NUMBER

-

-

If yes, complete a W9 form for FATCA,

ACCOUNT SERVICES (Please tick applicable option below)

\*CARD TYPE

DEBIT

TRAVEL

DO YOU WANT A CREDIT CARD?

\*YES

NO

\* Fees Apply\* If yes, complete a credit card application. Fees apply.

\*E-BANKING

UNIONONLINE

UNIONMOBILE

MCASH

\*PREFERRED USERNAME

\*All checked E-Banking services are provided automatically when the account is opened.\*Special characters not allowed

COMMUNICATION PREFERENCES

EMAIL ALERT

SMS ALERT

\*EMAIL INDEMNITY

\*please confirm that you have provided a valid email(Free)(Fees Apply)

DO YOU WANT A CHEQUE BOOK?

YES

NO

IF YES, NUMBER OF LEAVES

25

50

100

(Fees Apply)

FOR A HIGHER PRE-CONFIRMATION LIMIT, PLEASE SPECIFY (i.e. above ₦150,000:00)

₦

K

\* Note: Terms and conditions apply. Kindly visit [www.unionbankng.com/terms-and-conditions](http://www.unionbankng.com/terms-and-conditions) for more information

EMPLOYMENT/INCOME INFORMATION

EMPLOYMENT STATUS

EMPLOYED

SELF EMPLOYED

UNEMPLOYED

RETIRED

STUDENT

ANNUAL SALARY/INCOME

LESS THAN ₦500,000

₦500,000 < ₦1.5M

₦1.5M < ₦3M

₦3M < ₦7M

₦7M < ₦12M

₦12M < ₦20M

₦20M < ₦33M

ABOVE ₦33M

BUSINESS/EMPLOYER'S NAME

JOB TITLE

BUSINESS/EMPLOYER'S PHONE NUMBER

(Country Code)

OFFICE/HOUSE NUMBER

STREET NAME

NEAREST BUS-STOP/LANDMARK

CITY/TOWN

LOCAL GOVT. AREA

STATE

For Employed

NATURE OF EMPLOYMENT

PERMANENT

CONTRACT

CONFIRMED

UNCONFIRMED

JOB LEVEL

ENTRY

MIDDLE MANAGEMENT

SENIOR MANAGEMENT

EXECUTIVE MANAGEMENT

YEARS WITH CURRENT EMPLOYER

LESS THAN 1 YEAR

1 - 2 YEARS

3 - 6 YEARS

7 - 10 YEARS

ABOVE 10 YEARS

For self employed

TYPE OF BUSINESS

TRADE

PROFESSIONAL SERVICES

RETAILER

OTHERS  
(Please specify)

>

SOURCES OF FUNDS TO THE ACCOUNT

1.

2.

EXPECTED ANNUAL INCOME FROM OTHER SOURCES

SOURCES OF OTHER INCOME

BUSINESS

INVESTMENT

OTHERS  
(Please specify)

>

For Business

NAME OF ASSOCIATED BUSINESS(ES)

1.

2.

TYPE OF BUSINESS

NEXT OF KIN

TITLE

SURNAME

FIRST NAME

OTHER NAMES

RELATIONSHIP

DATE OF BIRTH

GENDER

Male

Female

MOBILE NUMBER

OTHER NUMBER

(Country Code)

(Country Code)

EMAIL ADDRESS

HOUSE NUMBER

STREET NAME

NEAREST BUS-STOP/LANDMARK

CITY/TOWN

LOCAL GOVT. AREA

STATE

COUNTRY

Complete if different from Next of Kin above

SPOUSE'S NAME

Surname First

SPOUSE'S DATE OF BIRTH

SPOUSE'S OCCUPATION

ACCOUNT(S) HELD WITH OTHER BANK(S)

S/NO	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	ACTIVE/DORMANT

DATA PROTECTION NOTICE

Union Bank of Nigeria Plc (“the Bank”) will process the above data, along with any other data you subsequently give us, in terms of the Nigerian Data Protection Regulation 2019. The data will be used to give you statements and provide the Bank’s products and services to you; for internal assessment and analysis; for the detection and prevention of fraud and other criminal activities which the Bank is under legal obligation to report; to develop and improve the Bank’s services; for direct marketing, such as to inform you, by mail, telephone, e-mail or other electronic means, about other product and services provided by the Bank, the Bank’s affiliate or merchant partners in order to improve your overall customer experience and for research purposes.

For more information, please read our Privacy Notice on our website. Please note that your personal data may be disclosed to, exchanged with, or processed by employees of the Bank. You have the right to be informed by the Bank, at your request, about the personal data held by the Bank about you that is processed and to request to correct such information where necessary. Should the data you provided to the Bank change, the Bank must be informed without undue delay. You also have the right to withdraw your consent on the processing of your personal information.

I/We hereby consent to the processing of my/our Personal Data (within or outside Nigeria), including transfer of my/our Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above.

DECLARATION

I hereby apply for the opening of an account with Union Bank of Nigeria Plc. I have read the terms and conditions governing the account and those relating to various products and services that I have requested for, as stated on the Bank’s website [www.unionbankng.com/terms-and-conditions](http://www.unionbankng.com/terms-and-conditions), and I agree to be bound by them. I also indemnify the Bank fully for acting on all email instructions issued from the email address provided.

NAME OF ACCOUNT HOLDER

SIGNATURE

DATE

NAME OF ACCOUNT HOLDER

SIGNATURE

DATE

**JURAT** *(This should be adopted where the applicant is not literate or is blind and the form is read to him or her by a third party)*

NAME OF INTERPRETER

ADDRESS OF INTERPRETER

MOBILE NUMBER

(Country Code)

OTHER NUMBER

(Country Code)

LANGUAGE OF INTERPRETATION

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

MARK OF CUSTOMER/THUMBPRINTMAGISTRATE/ COMMISSIONER FOR OATHS

DATESIGNATURE

OFFICIAL USE ONLY

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

IS THE APPLICANT A POLITICALLY EXPOSED PERSON?>\*YES☐ NO☐

\*If “Yes”, please provide details

IDENTIFY THE CUSTOMERS RISK CATEGORY>LOW☐ MEDIUM☐ HIGH☐

ACCOUNT CODES

BRANCH CODE

SEGMENT CODE

EMPLOYER CODE

INTRODUCER CODE

REFERRAL CODE

RM CODE

ANCHOR CODE

SUPPLIERS CODE

DISTRIBUTORS CODE

DEBIT CARD TYPE>VERVE☐ MASTERCARD☐

SALARY PAYMENT DATE (DAY OF THE MONTH):

(If customer is employed)

REQUIREMENT CHECKLIST

TYPE OF ACCOUNT>CURRENT☐ SAVINGS☐ JOINT☐

S/N	DOCUMENT REQUIRED	CHECKED	DEFERRED	WAIVED
1.	DULY COMPLETED ACCOUNT OPENING FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	SPECIMEN SIGNATURE CARD DULY COMPLETED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	TWO (2) RECENT PASSPORT PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	TWO (2) INDEPENDENT SATISFACTORY REFERENCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	PROOF OF ID: INT'L PASSPORT, DRIVER'S LICENSE, NATIONAL ID CARD, VALID VOTERS CARD, ETC. <i>(Original must be sighted)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	PROOF OF ADDRESS: UTILITY BILLS, ETC <i>(certified true copy is acceptable if original is not held)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	RESIDENT PERMIT <i>(For non Nigerians)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	LETTER FROM EMPLOYER (FOR SALARY ACCOUNT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	TAX IDENTIFICATION / SOCIAL SECURITY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	LOAN AGREEMENT FORM <i>(Optional)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT OPENED BY

NAME

DATESIGNATURE

ACCOUNT AUTHORIZED BY

NAME

DATESIGNATURE