

# PERSONAL INFORMATION FORM

Dear Customer,

The following personal information requested is to enable us build a robust database in order to establish a strong and lasting relationship with our individual and corporate account holders. Each signatory to an account is required to complete this form.

Please complete in BLOCK LETTERS.

## Account Information

Account Name

## Customer Information

Title Mr.  Mrs.  (Others Specify)

Name   
(Surname) (First Name) (Other Names)

Marital Status Single  Married  Others (Specify)  Date of Birth

Mode of Identification  ID Number

ID Issue Date  ID Expiry Date

Place of Issuance  Issuing Authority (E.g FRSC)

Tax Identification Number  State of Origin

Nationality  Religion Christian  Muslim  Others

L.G.A  Mobile Phone No.

Residential Address

(City)  L.G.A  (State)

(Country)  Email Address

Mother's Maiden Name  Favourite Colour

Occupation

Self Employed  Employed  Employer's Name

Employer's Address

(City)  (State)  (Country)

## Next of Kin

Name   
(Surname) (First Name) (Other Names)

Relationship  Mobile Phone No.

Residential Address

(City)  (State)  (Country)

## Foreigners Only

Visa or Resident Permit No.  Issue Date

Passport No.  Expiry Date

I hereby confirm that the information supplied herein is correct.

Customer's Signature

Issue Date

Expiry Date

Date