

## INDIVIDUAL ACCOUNT OPENING FORM

*Surname				Other names		
Date of Birth		Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	*Phone no	
*Employment Status	Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>		Others <input type="checkbox"/>	Please Specify
*Business/Employers Name						
*Business/Employers Address						
Postal Address						
Home Address						
Guardian /Next of Kin				CHN (CSCS NO.)		
Guardian /Next of Kin Phone				Mother's Maiden Name		
*Citizenship		State/Local Govt.				
*Email Address			Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	
*Identification			ID NO.			
*Signature					*Date	
*Bank Name						
*Bank Sort Code		*Bank Account NO.		*BVN		
*Date of Creation						

### (FOR OFFICE USE ONLY)

#### CHECKLIST (Individual Client)

<input type="checkbox"/>	Passport Photograph *	Account Officer	
<input type="checkbox"/>	Valid Mode of Identification (Driver's license, int'l passport or National ID card)*	Account Referral	
<input type="checkbox"/>	Evidence of Bill Payment *		