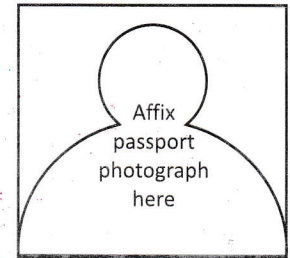




A Subsidiary of NNPC CMS LAGOS

CONFIDENTIAL



**APPLICATION TO OPEN AN INDIVIDUAL ACCOUNT**

BRANCH

ACCOUNT No. (for official use only)  CUSTOMER ID (for official use only)  BIOMETRIC ID No.

Account Category:  Individual Account  Joint Account  
 Account Type:  Current  Saving  Others Please specify

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following (A B C ✓)

**PERSONAL DETAILS (Please complete in BLOCKED LETTERS and tick where necessary)**

Title  Surname   
 First Name   
 Other Name(s)   
 Mother's Maiden Name  Gender  F  M  
 Marital Status (Please tick)  Single  Married  Other (please specify)  Date of Birth <sup>D</sup><sup>D</sup><sup>M</sup><sup>M</sup><sup>Y</sup><sup>Y</sup><sup>Y</sup><sup>Y</sup>  
 Place of Birth   
 Nationality  Dual Citizenship  Yes  No Please State.....  
 State of Origin  LGA

**CONTACT DETAILS**

House Number  Street Name   
 Nearest Bus Stop/  
 Landmark   
 City/Town   
 Local Govt. Area  State   
 Home Town  Religion   
 Phone Number 1  Phone Number 2   
 Email Address  
 (Optional)

**EMPLOYMENT DETAILS**

Employed  Self Employed  Unemployed  Retired  Student  Other (Please specify)  Date of Employment (if employed) <sup>D</sup><sup>D</sup><sup>M</sup><sup>M</sup><sup>Y</sup><sup>Y</sup><sup>Y</sup><sup>Y</sup>

**DETAILS OF NEXT OF KIN**

Surname   
 First Name  Other Name   
 Other Name(s)   
 Date of Birth <sup>D</sup><sup>D</sup><sup>M</sup><sup>M</sup><sup>Y</sup><sup>Y</sup><sup>Y</sup><sup>Y</sup> Gender  F  M  
 Mobile Number  Relationship   
 House Number  Street Name

# SPECIMEN SIGNATURES

		Signatory Type	Photograph
Title (Mr, Mrs etc):			
Name:			
Designation:			
Signature:			
Title (Mr, Mrs etc):			
Name:			
Designation:			
Signature:			
Title (Mr, Mrs etc):			
Name:			
Designation:			
Signature:			
Authorised Combination: (For Joint Account Holders)		Company Seal/Stamp required YES <input type="checkbox"/> NO <input type="checkbox"/> Specified Company Seal/Stamp (if required)	

### Employer's/Employment Address (Even if self employed)

Street Number  Street Name   
  
 City/Town   
 Nearest Bus Stop/  
 Landmark   
 Local Govt. Area  State   
 Nature of Business/  
 Occupation   
 Office Phone Number  Fax Number

### (FOR BANK USE ONLY) ACCOUNT OPENING

S/N	DOCUMENT OBTAINED	REQUIRED DATE	DATE RECEIVED/ COMPLETED	N.A
1	Collection of Account Opening Forms			
2	Submission of Account Opening Forms			
3	Identification			
	(a) Notary's Certificate			
	(b) International Passport			
	(c) Driver's Licence			
	(d) National ID Card			
4	Verification of Signature			
5	Signature Cards			
6	Passport Photographs			
7	Waived Documentation			
8	What Document is Deferred			
9	Deferral-Period			
10	KYC Form			
11	Water/Electricity/Telephone Receipts			
12	Search Report			
13	Address Verification Form			

### REMARKS

Account Officer			
Name:	<input type="text"/>	Sign	<input type="text"/> Date: <input type="text"/>
	<input type="text"/>	Sign	<input type="text"/> Date: <input type="text"/>
Customer Service Officer			
Opened by	<input type="text"/>	Sign	<input type="text"/> Date: <input type="text"/>
Business Manager	<input type="text"/>	Sign	<input type="text"/> Date: <input type="text"/>
Approved By HOP	<input type="text"/>	Sign	<input type="text"/> Date: <input type="text"/>