

## BANK VERIFICATION NUMBER ENROLMENT FORM

Please provide the necessary information (Fields marked with \* are compulsory)

NAME\*: \_\_\_\_\_  
SURNAME FIRST NAME MIDDLE NAME

CUSTOMER ID: \_\_\_\_\_

NATIONAL IDENTITY NO (NIN): \_\_\_\_\_

TITLE\*: \_\_\_\_\_

MARITAL STATUS\*: SINGLE  MARRIED  WIDOW

WIDOWER  DIVORCED  SEPARATED

GENDER\*: MALE  FEMALE

DATE OF BIRTH (DD/MM/YYYY)\*: \_\_\_\_\_

NATIONALITY\*: \_\_\_\_\_

STATE OF ORIGIN\*: \_\_\_\_\_

LGA OF ORIGIN \*: \_\_\_\_\_

RESIDENTIAL ADDRESS\*: \_\_\_\_\_

LGA OF RESIDENCE\*: \_\_\_\_\_

STATE OF RESIDENCE\*: \_\_\_\_\_

LANDMARKS: \_\_\_\_\_

PHONE NUMBER 1: \_\_\_\_\_ PHONE NUMBER 2: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LOCATION OF COLLECTION: \_\_\_\_\_

SPECIAL NEEDS: YES  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

*I hereby attest the above information is true and complete.*

\_\_\_\_\_  
SIGNATURE / DATE

**BANK ONLY**  
VERIFIED BY: \_\_\_\_\_

**ENROLMENT TICKET ID**  
\_\_\_\_\_

*Agreement Clauses*

*- I agree to submit my Biometric information to the bank or its agent as may be required for account opening, maintenance and operation purposes, to enhance the security of my account and transactions from time to time.*

*- I give permission for the bank to securely store and transmit this Biometric data for the purposes of operating my bank account.*

*- I understand that a Biometric is a unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a particular person*

*Disclaimer Clause*

*The bank shall not be liable for breaches/disclosures that may occur if it is 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*