

BANK VERIFICATION NUMBER ENROLMENT FORM



PLEASE PROVIDE THE NECESSARY INFORMATION (FIELDS MARKED WITH * ARE COMPULSORY)

Name* _____
Surname First Name Middle Name

Customer ID _____ National ID No. (NIN) _____ Title* _____

Marital Status*: Single Married Widow Widower Divorced Separated Gender*: Male Female

Date of Birth / / Nationality* _____ State of Origin* _____

LGA of Origin* _____

Residential Address* _____

LGA of Residence* _____ State of Residence* _____

Landmarks _____

Tel/Mobile No. 1 _____ Tel/Mobile No. 2 _____

E-mail Address _____

Location of Card Collection _____

Special Needs Yes No

If yes, please explain _____

I hereby attest the above information is true and complete.

SIGNATURE & DATE

AGREEMENT CLAUSES

- I agree to submit my Biometric information to the bank 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.

BANK ONLY

Verified by _____

ENROLMENT TICKET ID