

Account Opening Form (Individual)

Checklist (Bank use only)

		Checked	Deferred	Waived	N/A			Checked	Deferred	Waived	N/A
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	Resident Permit (non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	Proof of Address (original or true certified copy acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Two (2) recent passport-sized photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	Letter from employment/School/NYSC (for salary and students' account only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proof of identity (original must be sighted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	Two (2) independent and satisfactory references (current account only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT OPENING FORM - INDIVIDUAL

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



Category of Account: (Tick ☒ as appropriate)

Individual ☐ Joint ☐ Name of Account _____

Savings ☐ Current ☐ Fixed Deposit ☐ Domiciliary Account ☐ ☐ ☐ ☐

Others _____

Branch

Affix
Passport
Photograph
here

Bank Verification Number(BVN)

Account No (for official use only)

1 Personal Information

Title (Mr, Mrs, Dr, Chief) Surname

First Name Other Names

Mother's maiden name Date of Birth

Place of Birth Gender: F ☐ M ☐

Nationality State of Origin

Local Govt Area Home Town

Martital Status: Single ☐ Married ☐ Others _____

Tax ID. No (TIN) Religion

Phone No 1 + country code Phone No 2 + country code

Email Address

Residential Address

Resident Permit no Permit Issue Date Permit Expiry Date

Means of Identity National ID Card ☐ Driver's Licence ☐ International Passport ☐ INEC Vote's Card ☐ Others _____

ID Number ID Expiry Date

Purpose of Account

Social media Handles

2 Details of Next of Kin

Title (Mr, Mrs, Dr, Chief) Surname

First Name Other Names

Date of Birth Gender F ☐ M ☐ Relationship

E-mail address

Phone No + country code

N	O			S	T	R	E	E	T			N	A	M	E														
N	E	A	R	E	S	T		B	U	S		S	T	O	P					C	I	T	Y						
L	O	C	A	L		G	O	V	T			A	R	E	A						S	T	A	T	E				

Statement Delivery Preferences ☐ **Online** ☒ **Mobile Number for SMS Alert** **where a customer opts not to receive SMS Alert, the customer should issue an indemnity (for losses that may arise as a result) to the bank.*

7 MANDATE

Name of Account

Account Number

Affix
Passport
Photograph
here

Name of Signatory

Specimen Signature

Phone No +

Name of Signatory 2

Specimen Signature

Phone No +

Affix
Passport
Photograph
here

PLEASE TICK ☒ AS APPROPRIATE

SOLE SIGNATORY ☐ BOTH TO SIGN ☐ EITHER TO SIGN ☐ OTHERS ☐

CHEQUE CONFIRMATION REQUIRED ? YES ☐ NO ☐ If YES, please specify minimum amount to be confirmed ₦

Please note that the minimum cheque confirmation amount allowed by the bank is N500,000.00 in writing and before cheque presentation.

Mandate specified by Account holder(s) Signature Signature (Joint applicant)

8 DECLARATION

I/We hereby apply for the opening of account(s) with Globus Bank Limited. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

By signing this document you have agreed to the general, electronic banking and general data protection regulation (GDPR) terms and conditions for account opening contained on our website. www.globusbank.com

1. Name.....Signature.....Date.....

2. Name.....Signature.....Date.....

9 For Bank Use only

A. To be filled by sales/branch staff

Staff Name Staff ID

Branch Manager's Name Branch Manager's Signature

RM/GH Name RM/GH Signature

Address Verification ☐ Yes ☐ No

B. To be filled by branch

Currency Account Number

Branch Code ISIC Code (4 digit)

Team Code ISIC Code (6 digit)

Product Code

C. To be filled by Compliance

Risk Profile: Low ☐ Medium ☐ High ☐ Risk Justification

Name Sign & Date