

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 <small>(if a foreigner)</small>	<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 <small>(original or true certified copy acceptable)</small>	<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 <small>(if the salary and benefits account only)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proof of identity <small>(original must be signed)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	Two (2) independent and satisfactory references <small>(if a retired account only)</small>	<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

\$ € £

Savings Current Fixed Deposit Domiciliary Account

Others _____

Branch

Bank Verification Number(BVN)

Account No (for official use only)

National Identification Number(NIN)

Affix
Passport
Photograph
here

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

Marital Status: Single Married Others

Tax ID. No (TIN) Religion

Phone No 1 + country code Phone No 2 +

Email Address

Residential Address

Resident Permit no (Non-Nigerian) 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

Are you (related to) a Politically Exposed Person (PEP)? Yes No If yes, please state the name of PEP and position held

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

MANDATE

Name of Account

Grid for Name of Account

Account Number

Grid for Account Number

Affix Passport Photograph here

Name of Signatory

Grid for Name of Signatory

Specimen Signature

Signature box for Signatory 1

Phone No

country code

Phone No grid for Signatory 1

Affix Passport Photograph here

Name of Signatory 2

Grid for Name of Signatory 2

Specimen Signature

Signature box for Signatory 2

Phone No

country code

Phone No grid for Signatory 2

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 ₦ : 0 0

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)

DECLARATION AND CONSENT

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. I/We want to receive updates, offers, promotional materials and marketing communications from Globus bank by email, text messages, or phone calls.

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

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

I, _____, hereby grant Globus Bank the authority to process and share my data with other accredited organisations or agencies in accordance with the General Data Protection Regulation (GDPR) and Nigeria Data Protection Regulation (NDPR). I am also aware that I can withdraw my consent at any time.

Signature..... Date.....

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

For Bank Use only

A. To be filled by sales/branch staff

Staff Name _____ Staff ID _____

Branch Head's Name _____ Branch Head's Signature _____

Address Verification Yes No

B. To be filled by branch

Grids for Currency, Account Number, and other fields

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 _____