



CENTRAL BANK OF NIGERIA

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FPR/DIR/GEN/CIR/01/004

CIRCULAR TO ALL BANKS AND OTHER FINANCIAL INSTITUTIONS

UNIFORM ACCOUNT OPENING FORMS AND MINIMUM INFORMATION REQUIREMENTS FOR THREE-TIERED KYC FOR CUSTOMERS OF BANKS AND OTHER FINANCIAL INSTITUTIONS IN NIGERIA

Towards the effort to ensure that depositors in banks and other financial institutions provide necessary background information for effective Know Your Customer (KYC) due diligence, the CBN in collaboration with relevant stakeholders has developed Uniform Account Opening Forms.

The uniformity is to ensure that Customer Due Diligence (CDD) is consistently and uniformly practiced in account opening process for prospective customers of financial institutions.

Individual prospective customers are required to complete account opening **FORM A(1)**, **FORM A(2)** and **FORM A** for accounts in Tier I, II and III respectively, while legal entities are to complete **FORM B**.

Whereas prospective customers are required to provide the relevant information applicable to them as prescribed above, existing customers are to regularly update their records in line with the formats.

A handwritten signature in black ink, appearing to read 'Kevin N. Amugo'.

KEVIN N. AMUGO

DIRECTOR, FINANCIAL POLICY AND REGULATION DEPARTMENT

ACCOUNT OPENING FORM-INDIVIDUAL

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (ABC)

BRANCH

ACCOUNT No. (for official use only)

BIOMETRIC ID NO:



1. PERSONAL INFORMATION

Title Surname

First Name Other Name

Marital Status (Please tick as appropriate) Single Married Others (please specify)

Place of Birth Date of Birth

Mother's Maiden Name

Tax Identification Number (TIN) (if available)

L.G.A State of Origin

2. CONTACT DETAILS

Residential Address

Street Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Mailing Address

Phone Number (1) Phone Number (2)

E-mail Address (Optional)

3. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: Verve Card Master Card Visa Card Others (Specify)

Electronic Banking Preferences: Internet Banking Mobile Banking ATM/POS Other Electronic Channels (Fees may apply) Specify

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

4. EMPLOYMENT DETAILS (OPTIONAL)

Employment Status: Employed Self Employed Unemployed Retired Student Others (Please specify)

Date of Employment (if employed)

Business/Employer's Name

Employer's /Employment Address

State

Business / Occupation

5. DETAILS OF NEXT OF KIN

Surname Other Name(s)

First Name

Date of Birth Gender F M Title (Specify)

Relationship

Mobile Number 1

Mobile Number 2

E-mail Address

Contact Details

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

TERMS AND CONDITIONS:

1. The operations of the account is limited to a maximum single deposit amount of N20,000 and maximum cumulative balance of N200,000 at any point in time.
2. Mobile banking is limited to a maximum transaction limit of N3,000 and daily limit of N30,000.
3. International funds transfer is prohibited.
4. You will be required to provide further documents at any point in time when transacting above the regulated threshold.
5. This account is strictly savings.

DECLARATION:

FOR BANK USE ONLY

Account Opened by:

Name:..... Signature:..... Date:.....

Confirm Opened by:

Name:..... Signature:..... Date:.....

ACCOUNT OPENING FORM-INDIVIDUAL

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following 

Affix
Passport
Photograph
here

BRANCH ACCOUNT No. (for official use only)

BIOMETRIC ID NO:

1. PERSONAL INFORMATION

Title Surname

First Name Other Name

Marital Status (Please tick as appropriate) Single Married Others (please specify) Gender F M

Place of Birth Date of Birth

Mother's Maiden Name

L.G.A State of Origin

Tax Identification Number (TIN) Religion (Optional)

(If available)

2. CONTACT DETAILS

Residential Address

Street Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Mailing Address

Phone Number (1) Phone Number (2)

E-mail Address (Optional)

3. MEANS OF IDENTIFICATION

Please Specify _____

ID No. ID Issue Date ID Expiry Date

4. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: Verve Card Master Card Visa Card Others (Specify)

Electronic Banking Preferences: Internet Banking Mobile Banking ATM/POS Other Electronic Channels (Fees may apply) Specify

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

5. EMPLOYMENT DETAILS (OPTIONAL)

Employment Status: Employed Self Employed Unemployed Retired Student Others (Please specify)

Date of Employment (if employed)

Business/Employer's Name

Business / Occupation

6. DETAILS OF NEXT OF KIN

Surname Other Name(s)

First Name

Date of Birth Gender F M Title (Specify)

Relationship

Mobile Number 1

Mobile Number 2

E-mail Address

Contact Details

House Number

Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

TERMS AND CONDITIONS:

1. The operations of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative balance of N400,000 at any point in time.
2. Mobile banking is limited to a maximum transaction limit of N10,000 and daily limit of N100,000.
3. You will be required to provide further documents at any point in time when transacting above the regulated threshold.
4. International funds transfer is prohibited.
5. This account is strictly savings.

DECLARATION:

FOR BANK USE ONLY

Account Opened by:

Name:..... Signature:..... Date:.....

Confirm Opened by:

Name:..... Signature..... Date.....

ACCOUNT OPENING FORM-INDIVIDUAL

Category of Account: (Tick as appropriate)

Joint Account Fixed Investment Account Other Types of Account

Account Type: (Tick as appropriate)

Current Account Fixed Deposit Account Savings Account Domiciliary Account

S E V L Others



The form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following **QWERTZ**

BRANCH

ACCOUNT No. (for official use only)

BIOMETRIC ID NO:

I. PERSONAL INFORMATION

Title

Surname

First Name

Other Name

Marital Status (Please tick as appropriate): Single Married Others (please specify)

Gender: F M

Place of Birth

Date of Birth

Mother's Maiden Name

Nationality (for non Nigerian)

Resident permit No

Permit Issue Date

Permit Expiry Date

L.G.A

State of Origin

Tax Identification Number (TIN)

Religion (Optional)

Purpose of Account

2. CONTACT DETAILS

Residential Address

Street Number

Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Mailing Address

Phone Number (1)

Phone Number (2)

E-mail Address

3. VALID MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport INEC Voters Card * Others (please specify)

ID No.

ID Issue Date

ID Expiry Date

* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed IDs

4. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: Verve Card Master Card Visa Card Others (Specify)

Electronic Banking Preferences: Internet Banking Mobile Banking ATM/POS Other Electronic Channels (Fees may apply) Specify

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

Statement Preferences: Email Post Collection at Branch Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition: (Fees applies) Opened Cheque Crossed Cheque 25 Leaves 50 Leaves 100 Leaves

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes No

Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

5. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Please specify)

Date of Employment (if employed)

Annual Salary/Expected Annual Income
Annual Salary: (a) Less than N50,000 (b) N51,000- N250,000 (c) N251,000 - N500,000 (d) N501,000- Less than N1million
(e) N1million - Less than N5million (f) N5million - Less than N10million (g) N10million - Less than N20million (h) Above N20million

Employer's Name

Employer's /Employment Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Nature of Business/
Occupation

Office Phone Number Fax Number

6. DETAILS OF NEXT OF KIN

Surname Other Name(s)

First Name

Date of Birth Gender F M Title (Specify)

Relationship

Mobile Number 1 Mobile Number 2

E-mail Address

Contact Details
House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

7. ADDITIONAL DETAILS

I Name of Beneficial Owner(s) (if any)

II Spouse's Name (if applicable)

III Spouse Date of Birth Spouse Occupation

IV Sources of Fund to the Account 1

2

Expected Annual Income from Other Sources

V Name Of Associated Business(es) (if any) 1.

2.

3.

VI Type of Business

VII Business Address

FOR BANK USE ONLY

I. REQUIREMENT CHECKLIST

Savings Account

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Recent passport photograph			
4.	Proof of Identity: International passport, Driver's license, National ID card, Valid Nigerian Voters Card (original must be sighted)			
5.	Resident Permit (for non-Nigerian)			
6.	Proof of Address: Utility bills, etc (Certified true copy is acceptable if original is not held)			
7.	Letter from Employer / School / NYSC (for salary account and or Student only)			

Fixed/Current/Domiciliary/Fixed Investment/Other Types of Account

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Two (2) recent passport photographs			
4.	Two (2) independent and satisfactory references			
5.	Proof of Identity: International passport, Driver's licence, National ID card or INEC Voters Card (original must be sighted)			
6.	Proof of Address: Utility bills etc (Certified true copy is acceptable if original is not held)			
7.	Letter from employer (for salary account only)			
8.	Resident permit (for non-Nigerians)			
9.	Other document Provided			

2. AUTHENTICATION FOR FINANCIAL INCLUSION

- i. Is the customer socially or financially disadvantaged? YES NO
- ii. If answer to the (i) above is yes, state other documents obtained in line with the bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77 (4) of AML/CFT Regulation, 2013
-
-
-
-
- iii. Does the Customer enjoy tiered KYC requirements? YES NO
- iv. If answer to question (iii) above is yes, identify the customer risk category:
- Low Risk Medium Risk High Risk

3. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person? YES NO

For Bank Use Only:

A. ACCOUNT OPENED BY:

Name:

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

Name:

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL/WAIVER OF DOCUMENT(IF ANY) AUTHORISED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

COMMENT(S)(Address description and result finding):

.....
.....
.....

D. ACCOUNT OPENING AUTHORIZED/ APPROVED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

ACCOUNT OPENING FORM - ENTITIES (Incorporated and Non-Incorporated)

(Please indicate the business category and type of account to open by ticking the applicable box below)

Category of business:

Limited Liability Company Partnership Sole proprietorship MDA's Schools Others

Account Type:

Current Account Fixed Deposit Account Domiciliary Account

\$ € ¥ £ others

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (ASCII)

BRANCH _____

ACCOUNT No. (for official use only)

1. COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

Company/Business Name

Certificate of Incorporation/Registration Number

Date of Incorporation/Registration Jurisdiction of Incorporation/Registration*

Type/Nature of Business

Sector/Industry

Operating Business Address 1.

Operating Business Address 2.

Corporate Business Address/Registered office

(if different from above)

Email address

Website (if any)

Phone Number (1) Phone Number (2)

Tax Identification Number (TIN) CRM No/ Borrower's Code (where applicable)

Special Control Unit against Money Laundering (SCUML) Reg. No:

2. ANNUAL TURNOVER

(a) Less than N50 Million N50 Million - Less than N500 Million N500 Million - Less than N5 Billion Above N5 Billion

(b) Is Your Company Quoted on any Stock Exchange? Yes No

(c) If answer to question (b) is yes, indicate which Stock Exchange and the Stock Symbol:.....

3. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: Verve Card Master Card Visa Card Others (Specify)

Electronic Banking Preferences: Internet Banking Mobile Banking ATM/POS Other Electronic Channels (Fees may apply) Specify

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

Statement Preferences: Email Post Collection at Branch Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition: (Fees applies) Opened Cheque Crossed Cheque 25 Leaves 50 Leaves 100 Leaves

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes No

Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold:

4. CHEQUE CONFIRMATION THRESHOLD

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above Nxxx,000.00)

*In line with extant law and existing regulation

5. ACCOUNT SIGNATORY'S DETAILS

1. Surname Other Name
First Name Mother's Maiden Name
Date of Birth Gender M F
Nationality (for non-Nigerians)
Means Of Identification ID Number
ID Issue Date ID Expiry Date
Biometric ID No:
Occupation Status/Job Title
Position/Office of the Officer
Residential Address
House Number Street Name
Nearest Bus Stop/Landmark
City/ Town Local Govt. Area
State
Phone Number (1) Phone Number (2)
E-mail Address
Class of Signatory Signature _____ Date

2. Surname Other Name
First Name Mother's Maiden Name
Date of Birth Gender M F
Nationality (for non-Nigerians)
Means Of Identification ID Number
ID Issue Date ID Expiry Date
Biometric ID No:
Occupation Status/Job Title
Position/Office of the Officer
Residential Address
House Number Street Name
Nearest Bus Stop/Landmark
City/ Town Local Govt. Area
State
Phone Number (1) Phone Number (2)
E-mail Address
Class of Signatory Signature _____ Date

3 Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M F

Nationality (for non-Nigerians)

Means Of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation Status/Job Title

Position/Office of the Officer

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/ Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

Class of Signatory Signature Date

(Please indicate class in the box provided)

6 A. DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

1. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M F

Means of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation

Status/Job Title

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/ Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

2 Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M F

Means of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation

Status/Job Title

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

3. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M F

Means of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation

Status/Job Title

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

6 B. DETAILS OF A SOLE PROPRIETOR**I. PERSONAL INFORMATION**

Title Surname

First Name Other Name

Marital Status (Please tick) Single Married Others (please specify) Gender F M

Date of Birth Place of Birth

Mother's Maiden Name

Nationality (for non Nigerian) Resident permit No.

Permit Issue Date. Permit Expiry Date.

L.G.A. State of Origin

Tax Identification Number (TIN)

II. CONTACT DETAILS

Business/Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/ Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

III. MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport Valid INEC Voters Card * Others (please specify)

ID No ID Issue Date ID Expiry Date

Biometric ID No:

* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed ID's

IV. DETAILS OF NEXT OF KIN

Surname Other Name

First Name Gender F M Title (Specify)

Date of Birth Relationship

Mobile Number 1 Mobile Number 2

E-mail Address

Contact Details

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

7. ADDITIONAL DETAILS:

1. Name of affiliated company/Body: 1.

2.

3.

2. Parent Company's Country of Incorporation

III. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE PROPRIETORSHIP

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				
4.				

8. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

..... Bank Plc

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or relevant agency/authority.

Thank you.

Yours faithfully,

Authorized Signature of the Customer /Representative & Date

Authorized Signature of the Customer /Representative & Date

9. LETTER OF INDEMNITY

Financial Institutions are permitted to insert their terms to reflect unique business operations

10. ACCOUNT OPENING MANDATE

a. **Category of Account:** (Please tick as appropriate)

Joint Account Fixed Investment Account Other Types of Account

Account Type:

Current Account Fixed Deposit Account Savings Account Domiciliary Account

\$	€	¥	£	Others

b. Account Name

c. Account No.

d. Mandate authorisation/Combination rule (Please tick as appropriate):

Sole Signatory Two or more If two or more are to Sign, please specify

e. Signatories:

i. Name:

Surname _____

First Name _____

Other Name _____

Class of Signatory _____

Identification Type: _____

Identification No: _____

Telephone Number _____

Signature & Date _____



FOR BANK USE ONLY

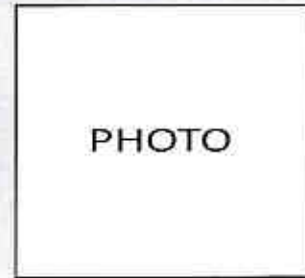
 Name Signature

FOR BANK USE ONLY

 Name Signature

ii. Name:

Surname _____
 First Name _____
 Other Name _____
 Class of Signatory _____
 Identification Type: _____
 Identification No: _____
 Telephone Number _____
 Signature & Date _____



FOR BANK USE ONLY

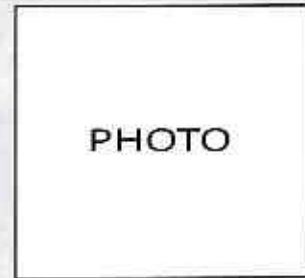
Name _____ Signature _____

FOR BANK USE ONLY

Name _____ Signature _____

iii. Name:

Surname _____
 First Name _____
 Other Name _____
 Class of Signatory _____
 Identification Type: _____
 Identification No: _____
 Telephone Number _____
 Signature & Date _____



FOR BANK USE ONLY

Name _____ Signature _____

FOR BANK USE ONLY

Name _____ Signature _____

NOTE: Financial Institutions can provide more space if the number of Signatories is more than spaces provided.

11. TERMS AND CONDITION

Financial Institutions are permitted to insert their terms to reflect unique business operations

12. DECLARATION

CUSTOMER INFORMATION

I/We hereby apply for the opening of any account or accounts with.....Bank Plc. I/We understand that the information given herein is the basis for opening such account(s) and hereby 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.

"In Witness whereof, the common seal of.....(Name of Company) is hereby affixed this.....day of.....20.....
 In the presence of:

 Director (Name and Signature)

 Director/Secretary (Name and Signature)

13. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON

Name: [Grid]

Status: [Grid]

Signature Date:

D	D	M	M	Y	Y

Name: [Grid]

Status: [Grid]

Signature Date:

D	D	M	M	Y	Y

Company Seal here [Box]

FOR BANK USE ONLY

I. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Copy of CAC Certificate of Registration				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Companies)				
6.	(a) Form CD7 Particulars of Directors (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
7.	(b) Form CD2 Allotment of Shares (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
8.	Partnership Deed (where applicable)				
9.	Approval Letter (for Government Agency)				
10.	Act/Gazette(for Government Agency) (where applicable)				
11.	Two(2) passport sized photographs of each signatory to the account with name written on the reverse side				
12.	Introduction letter (where applicable)				
13.	Status report from Banker (where applicable)				
14.	Resident Permit (for non-Nigerians)				
15.	Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable)				
16.	Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable)				
17.	Search Report				
18.	Power of Attorney (where applicable)				
19.	Letter of indemnity				
20.	Proof of Company address				
21.	Business Premises visitation certificate				
22.	Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (Preferred Identity card are Int'l Passport, National Identity Card, National Driver's Licence, and Valid Nigerian INEC Voter's card)				
23.	Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document Utility bill (Certified true copy is acceptable if original is not held)				
24.	Two Completed satisfactorily reference forms.				
25.	Copy of the audited Financial statements				
26.	Others (please specify)				

A. ACCOUNT OPENED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL/WAIVER OF DOCUMENT(IF ANY) AUTHORISED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

COMMENT(S): (Address description and Result Findings)

.....
.....
.....

D. ACCOUNT OPENING AUTHORISED/ APPROVED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y