

Customer Compliance Form (KYC Form)Name of Account Account Number Relationship Account Owner(A) Signatory (B) Director (C) **PERSONAL INFORMATION DATA**Surname First Name Middle Name Mother's Maiden Name Sex Male Female Date of Birth TIN Residential Address Postal Address LGA State of Origin Nationality Phone: Home Office Mobile E-mail Address Occupation Employer's Name Employer's Address **Form of identification**National ID Card International Passport Drivers License Others (specify) ID NO.: Place of Issue Expiry Date

Issuance

Date

Signature _____ Date _____

Staff Name /Account Officer _____

Staff Department/Designation _____

Signature _____ Date _____