FBN Merchant Bank Limited RC 264978
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FBN Merchant Bank

ACCOUNT OPENING FORM
JOINT

FORM A

1. PERSONAL INFORMATION

	APPLICANT 5	APPLICANT 6
TITLE	GENDER M F	GENDER M F
FIRST NAME		
OTHER NAME		
SURNAME		
	AFFIX APPLICANT PASSPORT PHOTOGRAPH HERE	AFFIX APPLICANT PASSPORT PHOTOGRAPH HERE
MARITAL STATUS	SINGLE MARRIED DIVORCED WIDOWED	SINGLE MARRIED DIVORCED WIDOWED
DATE OF BIRTH	D D M M Y Y Y Y	D D M M Y Y Y Y
PLACE AND COUNTRY OF BIRTH		
MOTHER'S MAIDEN NAME		
NATIONALITY		
DO YOU HAVE DUAL CITIZENSHIP?	YES NO IF YES, PLEASE STATE SECOND NATIONALITY	YES NO IF YES, PLEASE STATE SECOND NATIONALITY
RESIDENCY STATUS	PERMANENT TEMPORARY	PERMANENT TEMPORARY
RESIDENT PERMIT NO. (IF APPLICABLE)		
PERMIT ISSUE DATE	D D M M Y Y Y Y	D D M M Y Y Y Y
PERMIT EXPIRY DATE	D D M M Y Y Y Y	D D M M Y Y Y Y
ID TYPE	INTERNATIONAL PASSPORT	INTERNATIONAL PASSPORT
	DRIVERS LICENCE	DRIVERS LICENCE
	NATIONAL ID CARD	NATIONAL ID CARD
	PERMANENT VOTER'S CARD	PERMANENT VOTER'S CARD
	OTHERS	OTHERS
	IF OTHERS PLEASE SPECIFY	IF OTHERS PLEASE SPECIFY
L.G.A		
STATE OF ORIGIN		
TAX IDENTIFICATION NUMBER (TIN)		
PURPOSE OF ACCOUNT		
BANK VERIFICATION NO. (BVN)		

2. CONTACT DETAILS

RESIDENTIAL ADDRESS

HOUSE NUMBER STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

MAILING ADDRESS (OUTSIDE NIGERIA OR IF DIFFERENT FROM ABOVE)

HOUSE NUMBER STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

PHONE NUMBER (1)

COUNTRY CODE NUMBER

PHONE NUMBER (2)

COUNTRY CODE NUMBER

EMAIL ADDRESS

3. VALID MEANS OF IDENTIFICATION

ID TYPE

☐ INTERNATIONAL PASSPORT ☐ DRIVERS LICENCE ☐ NATIONAL ID CARD ☐ PERMANENT VOTER'S CARD

☐ OTHERS IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE D D M M Y Y Y Y

ID EXPIRY DATE D D M M Y Y Y Y

*PEOPLE IN PECULIAR CIRCUMFERENCES ARTISANS, PETTY TRADERS, STUDENT WHO MAY NOT HAVE THE PRESCRIBED ID.

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

EMPLOYMENT STATUS ☐ SALARIED EMPLOYMENT ☐ SELF-EMPLOYED

☐ RETIRED ☐ UNEMPLOYED

☐ STUDENT ☐ OTHER

IF OTHERS PLEASE SPECIFY

DATE OF EMPLOYMENT D D M M Y Y Y Y

JOB TITLE

ANNUAL SALARY/ EXPECTED ANNUAL INCOME	☐ LESS THAN N50,000	☐ LESS THAN N50,000
	☐ N51,000-N250,000	☐ N51,000-N250,000
	☐ N251,000 - N500,000	☐ N251,000 - N500,000
	☐ N501,000 - LESS THAN N1 MILLION	☐ N501,000 - LESS THAN N1 MILLION
	☐ N1 MILLION - LESS THAN N5 MILLION	☐ N1 MILLION - LESS THAN N5 MILLION
	☐ N10 MILLION - LESS THAN N20 MILLION	☐ N10 MILLION - LESS THAN N20 MILLION
	☐ N5 MILLION - LESS THAN N10 MILLION	☐ N5 MILLION - LESS THAN N10 MILLION
	☐ ABOVE N20 MILLION	☐ ABOVE N20 MILLION
BUSINESS/EMPLOYER'S NAME		
NATURE OF BUSINESS/ OCCUPATION		
EMPLOYER'S ADDRESS	STREET NAME	STREET NAME
	CITY/TOWN LOCAL GOVT. AREA	CITY/TOWN LOCAL GOVT. AREA
	STATE, COUNTRY	STATE, COUNTRY
OFFICE PHONE NUMBER	COUNTRY CODE NUMBER	COUNTRY CODE NUMBER
FAX NUMBER	COUNTRY CODE NUMBER	COUNTRY CODE NUMBER

6. DETAILS OF NEXT OF KIN

TITLE	GENDER ☐ MALE ☐ FEMALE	GENDER ☐ MALE ☐ FEMALE
FIRST NAME		
OTHER NAME		
SURNAME		
DATE OF BIRTH	D D M M Y Y Y Y	D D M M Y Y Y Y
RELATIONSHIP		
MOBILE PHONE NUMBER	COUNTRY CODE NUMBER	COUNTRY CODE NUMBER
EMAIL ADDRESS		
CONTACT ADDRESS	HOUSE NUMBER STREET NAME	HOUSE NUMBER STREET NAME
	CITY/TOWN LOCAL GOVT. AREA	CITY/TOWN LOCAL GOVT. AREA
	STATE, COUNTRY	STATE, COUNTRY

7. ADDITIONAL DETAILS

NAME OF BENEFICIAL OWNER(S) (IF ANY)		
SPOUSE'S NAME (IF APPLICABLE)		
SPOUSE OCCUPATION		
SPOUSE DATE OF BIRTH		
SOURCES OF FUND TO THE ACCOUNT	1	1
	2	2
EXPECTED ANNUAL INCOME FROM OTHER SOURCES		
NAME OF ASSOCIATED BUSINESS(ES) (IF ANY)	1	1
	2	2
	3	3
TYPE OF BUSINESS		
BUSINESS ADDRESS		

8. ACCOUNT HELD WITH OTHER BANKS:

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