

# INDIVIDUAL ACCOUNT OPENING FORM

## FOR OFFICIAL USE ONLY

BVN NO.

ACCOUNT NO.

BRANCH

PASSPORT  
PHOTOGRAPH

## ACCOUNT TYPE

TYPE OF ACCOUNT > CURRENT  SAVINGS  JOINT

CURRENCY > NGN(₦)  USD(\$)  GBP(£)  EUR(€)

OTHER TYPES OF ACCOUNT >

PURPOSE OF ACCOUNT > SALARY  INVESTMENT  CHILDREN  OTHER   
(Please Specify)

## PERSONAL INFORMATION

TITLE

SURNAME

FIRST NAME

OTHER NAMES

DATE OF BIRTH

GENDER



Male Female

MOTHER'S MAIDEN NAME

MARITAL STATUS > SINGLE  MARRIED  OTHER   
(Please Specify)

PLACE OF BIRTH

STATE OF ORIGIN

LOCAL GOVT. AREA

NATIONALITY

RELIGION

NO. OF CHILDREN

NO. OF DEPENDANTS

### For Non-Nigerians

RESIDENT PERMIT NUMBER

ISSUE DATE

EXPIRY DATE

EDUCATION >

O' LEVEL

STUDENT

GRADUATE

POST-GRADUATE

OTHER   
(Please Specify)

## CONTACT DETAILS

EMAIL ADDRESS

SOCIAL MEDIA >



FACEBOOK



LINKEDIN



TWITTER



INSTAGRAM

### Residential Address

HOUSE NUMBER

STREET NAME

NEAREST BUS-STOP/  
LANDMARK

CITY/TOWN

LOCAL GOVT. AREA

STATE

LENGTH OF STAY AT  
CURRENT ADDRESS

Yr(s) Mth(s)

ACCOMMODATION TYPE >

RENTED

OWNED

COUNTRY

MAILING ADDRESS

(If different from above address)

MOBILE NUMBER

(Country Code)

OTHER NUMBER

(Country Code)

## IDENTIFICATION

NATIONAL ID  DRIVER'S LICENSE  INT'L PASSPORT  VOTER'S CARD  OTHERS  (Permanent)  OTHERS  (Please Specify) >

ID. NUMBER  ISSUE DATE  EXPIRY DATE

TAX IDENTIFICATION NUMBER

Are you a US Permanent Resident or citizen? YES  NO  SOCIAL SECURITY NUMBER  -  -

If yes, complete a W9 form for FATCA,

## ACCOUNT SERVICES (Please tick applicable option below)

\*CARD TYPE > DEBIT  TRAVEL

\* Fees Apply

DO YOU WANT A CREDIT CARD? > \*YES  NO

\* If yes, complete a credit card application. Fees apply.

\*E-BANKING > UNIONONLINE  Internet Banking UNIONMOBILE  MCASH

\*All checked E-Banking services are provided automatically when the account is opened.

\*PREFERRED USERNAME >

\*Special characters not allowed

COMMUNICATION PREFERENCES > \*please confirm that you have provided a valid email EMAIL ALERT  (Free) SMS ALERT  (Fees Apply) \*EMAIL INDEMNITY

DO YOU WANT A CHEQUE BOOK? > YES  NO  (Fees Apply) IF YES, NUMBER OF LEAVES > 25  50  100

FOR A HIGHER PRE-CONFIRMATION LIMIT, PLEASE SPECIFY (i.e. above ₦150,000:00) > ₦  K

\* Note: Terms and conditions apply. Kindly visit [www.unionbankng.com/terms-and-conditions](http://www.unionbankng.com/terms-and-conditions) for more information

## EMPLOYMENT/INCOME INFORMATION

EMPLOYMENT STATUS > EMPLOYED  SELF EMPLOYED  UNEMPLOYED  RETIRED  STUDENT

ANNUAL SALARY/INCOME > LESS THAN ₦500,000  ₦500,000 < ₦1.5M  ₦1.5M < ₦3M  ₦3M < ₦7M

₦7M < ₦12M  ₦12M < ₦20M  ₦20M < ₦33M  ABOVE ₦33M

BUSINESS/EMPLOYER'S NAME  JOB TITLE

BUSINESS/EMPLOYER'S PHONE NUMBER   (Country Code)

OFFICE/HOUSE NUMBER  STREET NAME

NEAREST BUS-STOP/LANDMARK

CITY/TOWN  LOCAL GOVT. AREA  STATE

### For Employed

NATURE OF EMPLOYMENT > PERMANENT  CONTRACT  CONFIRMED  UNCONFIRMED

JOB LEVEL > ENTRY  MIDDLE MANAGEMENT  SENIOR MANAGEMENT  EXECUTIVE MANAGEMENT

YEARS WITH CURRENT EMPLOYER > LESS THAN 1 YEAR  1 - 2 YEARS  3 - 6 YEARS  7 - 10 YEARS  ABOVE 10 YEARS

For self employed

TYPE OF BUSINESS > TRADE  PROFESSIONAL SERVICES  RETAILER  OTHERS  (Please specify) >

SOURCES OF FUNDS TO THE ACCOUNT 1.

2.

EXPECTED ANNUAL INCOME FROM OTHER SOURCES

SOURCES OF OTHER INCOME > BUSINESS  INVESTMENT  OTHERS  (Please specify) >

### For Business

NAME OF ASSOCIATED BUSINESS(ES) 1.

2.

TYPE OF BUSINESS

**NEXT OF KIN**

TITLE	<input type="text"/>	SURNAME	<input type="text"/>
FIRST NAME	<input type="text"/>	OTHER NAMES	<input type="text"/>
RELATIONSHIP	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
MOBILE NUMBER	<input type="text"/>	OTHER NUMBER	<input type="text"/>
	<small>(Country Code)</small>		<small>(Country Code)</small>
EMAIL ADDRESS	<input type="text"/>		
HOUSE NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>
NEAREST BUS-STOP/LANDMARK	<input type="text"/>		
CITY/TOWN	<input type="text"/>	LOCAL GOVT. AREA	<input type="text"/>
STATE	<input type="text"/>	COUNTRY	<input type="text"/>

**Complete if different from Next of Kin above**

SPOUSE'S NAME	<input type="text"/>
	<small>Surname First</small>
SPOUSE'S DATE OF BIRTH	<input type="text"/>
SPOUSE'S OCCUPATION	<input type="text"/>

**ACCOUNT(S) HELD WITH OTHER BANK(S)**

S/NO	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	ACTIVE/DORMANT

**DATA PROTECTION NOTICE**

Union Bank of Nigeria Plc (“the Bank”) will process the above data, along with any other data you subsequently give us, in terms of the Nigerian Data Protection Regulation 2019. The data will be used to give you statements and provide the Bank’s products and services to you; for internal assessment and analysis; for the detection and prevention of fraud and other criminal activities which the Bank is under legal obligation to report; to develop and improve the Bank’s services; for direct marketing, such as to inform you, by mail, telephone, e-mail or other electronic means, about other products and services provided by the Bank, the Bank’s affiliate or merchant partners in other to improve your overall customer experience and for research purposes. For more information, please read our Privacy Notice on our website. Please note that your personal data may be disclosed to, exchanged with or processed by employees of the Bank. You have the right to be informed by the Bank, at your request, about the personal data held by the Bank about you that is processed and to request to correct such information where necessary. Should the data you provided to the Bank change, the Bank must be informed without undue delay.

I/We hereby consent to the processing of my/our Personal Data (within or outside Nigeria), including transfer of my/our Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above.

**DECLARATION**

I hereby apply for the opening of an account with Union Bank of Nigeria Plc. I have read the terms and conditions governing the account and those relating to various products and services that I have requested for, as stated on the Bank’s website [www.unionbankng.com/terms-and-conditions](http://www.unionbankng.com/terms-and-conditions), and I agree to be bound by them. I also indemnify the Bank fully for acting on all email instructions issued from the email address provided.

NAME OF ACCOUNT HOLDER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE

NAME OF ACCOUNT HOLDER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE

**JURAT** *(This should be adopted where the applicant is not literate or is blind and the form is read to him or her by a third party)*

NAME OF INTERPRETER

ADDRESS OF INTERPRETER

MOBILE NUMBER   OTHER NUMBER    
(Country Code) (Country Code)

LANGUAGE OF INTERPRETATION

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

MARK OF CUSTOMER/THUMBPRINT  MAGISTRATE/ COMMISSIONER FOR OATHS

DATE  SIGNATURE \_\_\_\_\_

**OFFICIAL USE ONLY****AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS**

IS THE APPLICANT A POLITICALLY EXPOSED PERSON?  \*YES  NO

\*If "Yes", please provide details \_\_\_\_\_

IDENTIFY THE CUSTOMERS RISK CATEGORY  LOW  MEDIUM  HIGH

**ACCOUNT CODES**

BRANCH CODE  SEGMENT CODE  EMPLOYER CODE

INTRODUCER CODE  REFERRAL CODE  RM CODE

ANCHOR CODE  SUPPLIERS CODE  DISTRIBUTORS CODE

DEBIT CARD TYPE  VERVE  MASTERCARD  SALARY PAYMENT DATE (DAY OF THE MONTH):   
(If customer is employed)

**REQUIREMENT CHECKLIST**

TYPE OF ACCOUNT  CURRENT  SAVINGS  JOINT

S/N	DOCUMENT REQUIRED	CHECKED	DEFERRED	WAIVED
1.	DULY COMPLETED ACCOUNT OPENING FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	SPECIMEN SIGNATURE CARD DULY COMPLETED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	TWO (2) RECENT PASSPORT PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	TWO (2) INDEPENDENT SATISFACTORY REFERENCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	PROOF OF ID: INT'L PASSPORT, DRIVER'S LICENSE, NATIONAL ID CARD, VALID VOTERS CARD, ETC. <small>(Original must be sighted)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	PROOF OF ADDRESS: UTILITY BILLS, ETC <small>(certified true copy is acceptable if original is not held)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	RESIDENT PERMIT <small>(For non Nigerians)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	LETTER FROM EMPLOYER (FOR SALARY ACCOUNT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	TAX IDENTIFICATION / SOCIAL SECURITY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	LOAN AGREEMENT FORM <small>(Optional)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ACCOUNT OPENED BY

NAME \_\_\_\_\_

DATE  SIGNATURE \_\_\_\_\_

## ACCOUNT AUTHORIZED BY

NAME \_\_\_\_\_

DATE  SIGNATURE \_\_\_\_\_