



.....Branch

FIXED DEPOSIT ACCOUNT OPENING FORM

CUSTOMER INFORMATION

NAME:.....

ADDRESS:.....

E-MAIL ADDRESS:.....

TEL. NUMBER(S):.....OCCUPATION:.....

NAME OF EMPLOYER:.....

ADDRESS:.....

NAME OF DIRECTORS:.....

.....

MODE OF OPERATION:.....

NEXT OF KIN:..... RELATIONSHIP:.....

NEXT OF KIN ADDRESS:.....

Term:.....Fixed Deposit Amount: ₦.....

Effective Date:..... Interest Rate: %.....

Maturity Date:..... Interest Accrued: ₦.....

Mode of Payment:..... Maturity Amount: ₦.....

Repayment A/C No.:..... Withholding Tax Amount: ₦.....

Do you wish to roll-over principal only upon maturity?

Do you wish to roll-over principal plus interest upon maturity?

Do you wish to terminate upon maturity?

Branch	Type	Account No.
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OTHER ACCOUNTS HELD IN

BRANCH/OTHER BRANCHES

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

FOR CUSTOMERS PAYING CASH ONLY

We acknowledge that I/We have deposited the sum of ₦..... for opening a Fixed Deposit Account.

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

FOR BANK USE ONLY

ACCOUNT NO:.....RECEIPT NO:.....

SET UP BY:.....APPROVED BY:.....

DATE:..... DATE:.....