

BANK VERIFICATION NUMBER ENROLMENT FORM

Please provide the necessary information (field marked with * are compulsory)

Personal/Contact Details

Affix Passport
FirstInstant
Account Only

*Surname:

*Middle Name:

*First Name:

*Account Number:

Additional Account Number (Where Applicable)

Additional Account Number (Where Applicable)

Additional Account Number (Where Applicable)

National Identity Number (NIN):

*Gender:

Male

Female

*Titles:

Mr. Mrs. Miss. Ms. Dr. Prof. Others

*Marital Status

Single Married Widow

*Date of Birth:

*Nationality:

Widower Divorced Separated

*State of Origin:

*LGA of Origin:

*Residential Address:

*LGA of Residence:

*State of Residence:

Land Mark:

*Phone Number 1:

Phone Number 2:

E-mail Address:

Location of Collection:

Special Needs:

Yes No

If yes Please Explain:

Agreement Clause

- I agree to submit my Biometric Data and Personal/Contact details to the Bank as may be required for account opening, maintenance and operation purposes, to enhance the security of my account and transactions from time to time.
- I give permission for the bank to securely store and transmit this Biometric and Personal/Contact data for the purposes of operating my bank account.
- I understand that "Biometric data" refers to the unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a person.
- I understand that "Personal/Contact details" refers to the information I have provided above.

Disclaimer Clause

- The Bank shall exercise due care in ensuring that customers' biometric data and Personal/ Contact details are secure.
- The Bank shall not be liable for breaches/disclosures that may occur where it is compelled by law or regulatory authority to disclose any biometric data and or Personal/Contact details to third parties.

I hereby attest that the above information is true and complete.

Signature and date

Space Below Is For Bank Official Only

Customer's ID:

Verified By:

Enrolment Ticket ID

ADDITIONAL INFORMATION REQUIRED BY FIRSTBANK

Mode of Identification

International Passport
 Driver's License
 National ID Card
 Voter's Card
 Others _____

ID Number:
 Date Issued:

D	D	M	M	Y	Y	Y	Y

 Expiry Date:

D	D	M	M	Y	Y	Y	Y

Non Nigerian
 Diplomatic mission

Nationality
 Passport No
 Country of Issue
 Date Issued:

D	D	M	M	Y	Y	Y	Y

 Expiry Date:

D	D	M	M	Y	Y	Y	Y

Work/Residential Permit
 Yes
 No (If Yes)
 Date Issued:

D	D	M	M	Y	Y	Y	Y

 Expiry Date:

D	D	M	M	Y	Y	Y	Y

Mother Maiden Name

Place of Birth

Dual Citizen/ Second Citizenship Yes
 No
 If 'Yes' which country

Politically Exposed Yes
 No

Ownership of Residence Yes
 No

City

Years of Current city

Monthly Income

I hereby attest that the above information is true.

Signature
 Date:

D	D	M	M	Y	Y	Y	Y

Space Below Is For Bank Official Only

Customer's ID:

Verified By:

Enrolment Ticket ID