

BVN LINKAGE FORM

Date:

D	D

M	M

Y	Y	Y	Y

Kindly link my BVN to the account details provided below:

Account Name

Account Number 1

Account Number 2

Account Number 3

Bank Verification Number

Phone Number

Authorised Signatory Date:

D	D

M	M

Y	Y	Y	Y

OFFICIAL USE ONLY

Initiator

Staff No. Date:

D	D

M	M

Y	Y	Y	Y

Signature

Authoriser

Staff No. Date:

D	D

M	M

Y	Y	Y	Y

Signature