



**ADDITIONAL ACCOUNT SIGNATORY**

ACCOUNT No. (for official use only)	CUSTOMER ID (for official use only)	BIOMETRIC ID No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following

Account Name

Additional Signatory  Replacement of Signatory

Name of Signatory being Introduced / Replaced

Reason for addition / replacement

**NEW SIGNATORY DETAILS**



Title  Surname

First Name

Other Name

Biometric ID  Date of Birth 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender  F  M

Mother's Maiden Name

Occupation

Status/Job Title

**Means of Identification:**

National ID Card  National Driver's License  International Passport  INEC Voter's Card  Others (please specify)

ID Number  Issue Date 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Expiry Date 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Residential Address**

House Number  Street Name

Nearest Bus Stop/  
Landmark

City/Town

Local Govt. Area  State

Phone Number 1  Phone Number 2

Nationality  Dual Citizenship?  Yes  No If Yes, Please State: .....

Email Address (Optional)

Class of Signatory (e.g. A,B,C etc.)  Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ACCOUNT SERVICES OFFERED (PLEASE TICK OPTION BELOW)**



<input type="checkbox"/> Interactive Voice Recording (IVR)	<input type="checkbox"/> Cheque Book Request
<input type="checkbox"/> Withdrawal Withdrawal Limit: <input type="text"/>	<input type="checkbox"/> Requests for Statement of Account
<input type="checkbox"/> Fund Transfers Transfer Limit: <input type="text"/>	<input type="checkbox"/> SMS Alerts <input type="checkbox"/> Debits Only <input type="checkbox"/> Credit Only <input type="checkbox"/> Both
<input type="checkbox"/> Check Balance <input type="checkbox"/> Other Services Please Specify:.....	<input type="checkbox"/> Email Alerts

Except otherwise permitted by the Bank, only the above Services are permissible to the signatory and all powers of the additional account signatory shall cease upon the death of the primary account holder.

