





## ADDITIONAL ACCOUNT OPENING FORM (INDIVIDUAL)

BRANCH
Title BVN NIN
(Surname) (First Name)
(Others) with existing acount number
wish to open a Savings account Current Account Joint Account Domiciliary Account
Others(please specify)
ACCOUNT SERVICE(S) REQUIRED (Please tick option below)
Services Interactie Voice Recording (IVR) Mobile Banking Internet Banking Alert SMS (Fee apply) Only Both Fmail (Free)
Kindly request for a token as it is required to complete a FirstOnline transaction and write your preferred Username below  Statement Frequency (Email Only)  Monthly  Quarterly  Semi Annually
Card Naira Debit Visa Cheque Book (fees apply) 25 Leaves 50 Leaves 100 Leaves Type Closed Open
Kindly note that your account will be debited with applicable fees as cost of card issuance once your account is opened. If you do not want a card/any of the services pre-ticed above, you are required to indicate by ticking this box and complete our account services decline form section.
Preferred Username
(Online Banking only)
Nationality Has your house address changed? Yes No
Dual Citizenship/Foreign Residency Yes No Please State
Annual Salary/ Expected Annual Income Annual Salary:
Less than N50,000 N51,000- N250,000 N251,000- N500,000 N501,000- Less than N1 Million
N1 Million - Less than N5 Million - Less than N10 Million - Less than N20 Million  Above N20 Million

## TERMS AND CONDITIONS

I hereby apply for the opening of an additional account with FirstBank of Nigeria Limited. I confirm that I have read and understood the applicable terms and conditions and those relating to various products and services that I have requested including but not limited to Debit Card/Credit Card/Internet Banking/Mobile banking/SMS and Email Alerts.

I accept and agree to be bound by these terms and conditions including those excluding / limiting the Bank's liability.

I understand that the bank may debit my account for service charges as applicable from time to time.

I hereby declare that the information given above is true and correct to the best of my knowledge.

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.



## PERSONAL DATA PROCESSING CONSENT NOTICE

At FirstBank, we take your privacy seriously and only process your personal information to give you a better experience. In accordance with the Nigerian Data Protection Act 2023 and other applicable regulations. By signing this form, you authorize FirstBank and its affiliates in the FBN Holdings PLC group to process your personal information in line with our Privacy Policy. For more information, please visit https://www.firstbanknigeria.com/home/legal/privacy-policy/or send a mail to dataprotectionoffice@firstbanknigeria.com if you wish to withdraw your consent of your personal information.

EMPLOYMENT DETAILS
Employed Self Employed Unemployed Retired Student Other (Please specify)
Date of Employment (if employed)
Employer's Name
Employer's/ Employment Address (Even if self employed)
Street Number Street Name
City/Town
Nearest Bus Stop/ Landmark
Local Govt Area State
Nature of Business/ Occupation
Office Phone Number Fax Number
CONTACT DETAILS (Please complete if contact detail has changed)
House Number Street Name
Nearest Bus Stop/ Landmark
City/Town
Local Govt Area State
Phone Number 1 Phone Number 2
Email Address (Optional)
Signature of Account Holder Date Date
Affix Postage Stamp here and sign across
FOR OFFICIAL USE ONLY
Additional Account Opening Initiated by:
Staff Name
Staff Number Date Date Date Date
Additional Account Opening Authorised by:
Staff Name
Staff Number Date Date Date