



XPLOREFIRST TRANSITION FORM

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following (☐ A ☐ B ☒ C)

PERSONAL DETAILS (Please complete in BLOCKED LETTERS and tick where necessary)

Bank Verification Number (BVN)

Account Number

Title ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss Others

Surname

First Name

Middle Name

Mother's Maiden Name Mobile Telephone

Valid Email Address

Date of Birth

D	D	M	M	Y	Y	Y	Y

 Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Tax Identification Number (TIN) Gender ☐ F ☐ M

CONTACT DETAILS

Name of Institution

Faculty

Department Course of Study

Residential Address Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area State

VALID MEANS OF IDENTIFICATION

☐ National ID Card ☐ National Driver's License ☐ International Passport ☐ INEC Voter's Card ☐ Student ID Card ☐ *Other (please specify)

ID No. ID Issue Date

D	D	M	M	Y	Y	Y	Y

 ID Expiry Date

D	D	M	M	Y	Y	Y	Y

EMPLOYMENT DETAILS

☐ Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Other (Please specify)

Date of Employment (if employed)

D	D	M	M	Y	Y	Y	Y

Annual Salary/ Expected Annual Income

Annual Salary:

<input type="checkbox"/> Less than N50,000	<input type="checkbox"/> N51,000 - N250,000	<input type="checkbox"/> N251,000 - N500,000	<input type="checkbox"/> N501,000 - Less than N1million
<input type="checkbox"/> N1million - Less than N5million	<input type="checkbox"/> N5million - Less than N10million	<input type="checkbox"/> N10million - Less than N20million	<input type="checkbox"/> Above N20million

Employer's Name

Employer's/Emploment 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

DETAILS OF NEXT OF KIN

Surname

First Name

Other Name(s)

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

Mobile Number Relationship

House Number Street Name

Nearest Bus Stop

City/Town

Email Address

Local Govt. Area State

Declaration

- I/WE CONFIRM THAT THE INFORMATION PROVIDED BY ME/US IS TRUE, CORRECT AND COMPLETE
- I/WE HEREBY AGREE THAT THE INFORMATION I/WE HAVE PROVIDED ABOVE WILL BE USED BY THE BANK TO UPDATE MY/OUR BANKING RECORDS FROM TIME TO TIME
- I/WE AGREE TO INFORM THE BANK FROM TIME TO TIME, IF THE INFORMATION PROVIDED ABOVE CHANGES

Customer's 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"/>

For Official Use Only

Initiator Authoriser

Signature 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"/>

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"/>