



Account Opening Form (Individual)

Checklist (Bank use only)

		Checked	Deferred	Waived	N/A			Checked	Deferred	Waived	N/A
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	Resident Permit (non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	Proof of Address (original or true certified copy acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Two (2) recent passport-sized photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	Letter from employment/School/NYSC (for salary and student's account only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proof of identity (original must be sighted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	Two (2) independent and satisfactory references (current account only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT OPENING FORM - INDIVIDUAL

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (A B C ✓)

Category of Account: (Tick as appropriate) Individual Joint

Savings Current Fixed Deposit Domiciliary Account \$ € £

Others _____

Branch

Bank Verification Number (BVN)

National Identification Number (NIN)

Account No (for official use only)

Affix
Passport
Photograph
Here

1 Personal Information

Title (Mr, Mrs, Dr, Chief) Surname
 First Name Other Names
 Mother's maiden name Date of Birth
 Place of Birth Gender: F M
 Nationality State of Origin
 Local Govt Area Home Town

Marital Status: Single Married Others _____

Tax ID. No (TIN) Religion

Phone No 1 + country code Phone No 2 +

Email Address

Residential Address
 N O S T R E E T N A M E
 N E A R E S T B U S S T O P
 C I T Y L O C A L G O V T A R E A
 S T A T E

Resident Permit no (Non-Nigerian) Permit Issue Date Permit Expiry Date

Means of Identity National ID Card Driver's Licence International Passport INEC Vote's Card Others _____

ID Number ID Expiry Date

Purpose of Account

Are you (related to) a Politically Exposed Person (PEP)? Yes No

If yes, please state the name of PEP and position held _____

2 Details of Next of Kin

Title (Mr, Mrs, Dr, Chief) Surname
 First Name Other Names
 Date of Birth Gender: F M Relationship
 Email Address
 Phone No + country code

7 MANDATE

Name of Account

Account Number

Affix
Passport
Photograph
Here

Name of Signatory

Specimen Signature

Phone No + country code

Affix
Passport
Photograph
Here

Name of Signatory 2

Specimen Signature

Phone No + country code

PLEASE TICK AS APPROPRIATE

SOLE SIGNATORY BOTH TO SIGN EITHER TO SIGN OTHERS

CHEQUE CONFIRMATION REQUIRED? YES NO If YES, please specify minimum amount to be confirmed ₦

Please note that the minimum cheque confirmation amount allowed by the bank is N500,000.00 in writing and before cheque presentation.

Mandate specified by Account holder(s). _____
Signature Signature (Joint applicant)

8 DECLARATION AND CONSENT

I/We hereby apply for the opening of account(s) with **FIT MFB** Limited. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.
I/We further undertake to indemnify the bank for any loss suffered as a result of any false information or error in the information provided to the Bank.
I/We want to receive updates, offers, promotional materials and marketing communications from **FIT MFB** by email, text messages, or phone calls.

1. Name.....Signature.....Date.....

2. Name.....Signature.....Date.....

I, _____, hereby grant **FIT MFB** the authority to process and share my data with other accredited organisations or agencies in accordance with the General Data Protection Regulation (GDPR) and Nigeria Data Protection Regulation (NDPR). I am also aware that I can withdraw my consent at any time

Signature..... Date.....

By Signing this document you have agreed to the general, electronic banking and General Data protection Regulation (GDPR) terms and condition for the account opening contained on our website www.fitmfb.com

9 For Bank Use Only

A. To be filled by sales/branch staff

Staff Name _____ Staff ID _____

Branch Head's Name _____ Branch Head's Signature _____

Address Verification Yes No

B. To be filled by Branch

Currency Account Number

Branch Code _____ ISIC Code (4 digit) _____

Team Code _____ ISIC Code (6 digit) _____

Product Code _____

C. To be filled by Compliance

Risk Profile: Low Medium High Risk Justification _____

Name _____ Sign & Date _____