



KNOW YOUR CUSTOMER (KYC)

DATE:
CHN NO:
CSCS A/C NO:
BIOMETRIC NO
BVN NO:

NAME OF CUSTOMER

DATE OF BIRTH:

PLACE OF BIRTH

RESIDENTIAL ADDRESS:

NEAREST BUS-STOP/LAND MARK

GENDER: F M

MARITAL STATUS MARRIED SINGLE OTHERS(SPECIFY)

TELEPHONE (HOME):

OFFICE ADDRESS:

NEAREST BUS STOP/LAND MARK

MAILING ADDRESS (P.O.Box):

TELEPHONE (OFFICE) E-MAIL:

OCCUPATION/DESIGNATION:

PLACE OF WORSHIP :

ANNIVERSARY DATES:

NEXT OF KIN:

ADDRESS OF NEXT OF KIN:

NEAREST B/STOP / LANDMARK

RELATIONSHIP

TELEPHONE OF NEXT OF KIN: E-MAIL OF NEXT OF KIN:

MOTHER'S MAIDEN NAME:

HOME TOWN/VILLAGE:

STATE OF ORIGIN/LOCAL GOVT:

BANK NAME:

BANK ADDRESS:

BANK SORT CODE:

BANK ACCOUNT NUMBER: DATE OPENED:

VALID MEANS OF ID CARD INT'L PASSPORT NATIONAL DRIVER'S LICENCE NATIONAL ID CARD VOTERS'S ID CARD

EXPIRY DATE OF VALID ID CARD

VALID UTILITY BILL: NEPA BILL WATER RATES

SIGNATURE:

CERTIFICATION

I/We certify that the above particulars are true and correct:

.....
Customer's Name

.....
Signature & date