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Know Your Customer (KYC)

Customer Information Form

Date……/……../…..…….

File No……………………………………………………………………………………………..

Title Name

Residential Address:

Office Address:

Postal Address (if different from above)

Gender: Male: Female: Marital Status: Single: Married: Others:

Date of Birth: Month: Date: Year:

Nationality: State of Origin: Local Government:

Telephone: Mobile No.: Email Address:

Profession: Hobbies: Team:

Means of identification: Int. Passport Driver’s License: Voter’s Card: National ID:

Proof of Address:

 Utility Bill: Tenancy Agreement: Others:

Name of Next of Kin:

Address of Next of Kin: Telephone/Email

Relationship of Next of Kin

Telephone of Next of Kin

The above is true ……………………………………..

 Signature/Date

Approved by HOD……………………………………….. Verified by Compliance Officer………………………………