

ACCOUNT OPENING FORM



Please complete in BLOCK LETTERS.

Account Information

Type of Account SavingsXtra Current A/C Kiddies HIDA Term Deposit Others (please specify)

Applicable only to Domiciliary A/C USD \$ GBP £ EURO € Others (please specify)

(Kindly Tick where applicable) Individual Joint (Please fill additional personal information form if joint account)

Account Name

Customer Information

Title Mr. Mrs. Others (Specify) Male Female

Name

Marital Status Single Married Others (Specify) Date of Birth

Mode of Identification ID No.

ID Issue Date ID Expiry Date

Place of Issuance Issuing Authority

Tax Identification Number

Nationality State of Origin

Residential Address

City State

Country Mobile Phone

E-mail Address

Occupation

Self Employed Employed Employer's Name

Employer's Address

City State Country

Mothers' Maiden Name Favourite Colour

Next of Kin

Name

Relationship

Residential Address

City L.G.A State

Country Mobile Phone

Foreigners Only

Visa Or Resident Permit No.

Issue Date

Expiry Date

Passport No.

Issue Date

Expiry Date

Account Holder's Signature

Second Signatory
(For Joint Account Only)

Please affix
passport photo

Please affix
passport photo

Bank Use Only

Check List

- | | | | | | | | | |
|----------|---|--|----------|---|--|----------|--|--|
| 1 | Account Opening Form duly completed | Yes <input type="checkbox"/> No <input type="checkbox"/> | 4 | Utility Bill, rental receipt or lease agreement issued by estate agent | Yes <input type="checkbox"/> No <input type="checkbox"/> | 7 | Two independent and satisfactory references (if referee maintains accounts with DB the account must be at least six months old); are needed. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | Specimen signature card duly completed by each signatory to the account | Yes <input type="checkbox"/> No <input type="checkbox"/> | 5 | Letter of Administration/ Will (for account of the Estate of a deceased) | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3 | Resident Permit (Where applicable) | Yes <input type="checkbox"/> No <input type="checkbox"/> | 6 | Two clear passport photographs of each signatory with name written on reverse | Yes <input type="checkbox"/> No <input type="checkbox"/> | 8 | Satisfactory evidence of identity of applicant or signatory to the accounts | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Account Officer

Account No.

Cust. ID No.

Cust. IC No.

	Name	Date	Signature
Document Received By	<input type="text"/>	<input type="text"/> <div style="display: flex; justify-content: space-between; font-size: 8px;"> D D M M Y Y Y Y </div>	<input type="text"/>
Approval To Open	<input type="text"/>	<input type="text"/> <div style="display: flex; justify-content: space-between; font-size: 8px;"> D D M M Y Y Y Y </div>	<input type="text"/>
Opened By	<input type="text"/>	<input type="text"/> <div style="display: flex; justify-content: space-between; font-size: 8px;"> D D M M Y Y Y Y </div>	<input type="text"/>
Verified By	<input type="text"/>	<input type="text"/> <div style="display: flex; justify-content: space-between; font-size: 8px;"> D D M M Y Y Y Y </div>	<input type="text"/>
Documentation Confirmed Complete By Control Officer	<input type="text"/>	<input type="text"/> <div style="display: flex; justify-content: space-between; font-size: 8px;"> D D M M Y Y Y Y </div>	<input type="text"/>