**UGA MICROFINANCE BANK NIG. LTD**

ACCOUNT OPENING FORM (KYC): **Kindly tick (🗸) where necessary.**

1. **PERSONAL INFORMATION**
* Surname ----------------------------------------- Middle Name ------------------------------------------

First Name ----------------------------------------------------

* Title Mr./Mrs./Others -------------------------------------
* Marital Status : Single Married Others (Please Specify here)---------------------
* Gender : Male Female
* Date of Birth : (DD/MM/YYYY)-------/------/-------------
* Name of Kindred: ---------------------------------------------------------------------------------------------
* Community/ Town of Origin--------------------------------------------------------------------------------
* State of Origin--------------------------------------------------------------------------------------------------
* Local Government Area of Origin-------------------------------------------------------------------------
* Nationality ------------------------------------------------------------------------------------------------------
1. **CONTACT DETAILS**
* Residential Address:--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
* Street Name/Name of Kindred:-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
* Community /Town of Residence:----------------------------------------------------------------------
* Local Government Area of Residence:---------------------------------------------------------------
* State of Residence:----------------------------------------------------------------------------------------
* Country of Residence:------------------------------------------------------------------------------------
* Mobile Number:--------------------------------------------------------------------------------------------
* Email Address:----------------------------------------------------------------------------------------------
* Name of Next of Kin:--------------------------------------------------------------------------------------
* Next of Kin Mobile Number:----------------------------------------------------------------------------
* Relationship with Next of Kin:--------------------------------------------------------------------------
1. **VALID MEANS OF IDENTIFICATION**
* National ID Card
* National Drivers License
* INEC Voter’s Card
* International Passport
* Identification Number:----------------------------------------------
* Issued Date:------------------------------------------------------------
* Expiry Date:------------------------------------------------------------
1. **CATEGORY OF ACCOUNT**
* Savings Account
* Current Account
* Daily Savings Account
* Others (Please Specify)----------------------------
1. **SMS ALERT NOTIFICATION**
* Do you want Transaction Alert? Yes No

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| **I, hereby attest that the above information about me is correct.****Customer’s Signature/Date ---------------------------/------------------** |

**Account Officer’s Signature / Date ------------------------/-----------------------**