

# Customer Information Form

## Individual Account Holders

 Date    *dd* /    *mm* /    *yyyy*

Dear Esteemed Customer

Please take time to fill in the information required below. This is to enable us serve you better.

We appreciate your patronage.

Account No.

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Title (*Mr./Mrs./Dr./Chief/Ms.*) \_\_\_\_\_

Account Name \_\_\_\_\_  
*Surname* *Middle name* *First Name*

Status  Married  Single  Divorced  Separated Place of Birth \_\_\_\_\_ Date of Birth    *dd* /    *mm* /    *yyyy*

Gender  Male  Female Religion \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Residential Address (Not P.O Box) \_\_\_\_\_

Business Line/Occupation \_\_\_\_\_ Mobile No. \_\_\_\_\_

Home Telephone \_\_\_\_\_ Office Telephone \_\_\_\_\_

Email \_\_\_\_\_ Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Next of Kin: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Next of Kin Address \_\_\_\_\_

Employer's Name & Address (Not P.O Box) \_\_\_\_\_

### Form of Identification

Type:  National ID Card  International Passport  Driver's License  Proxy  
 Others (Please specify) \_\_\_\_\_ Identification No. \_\_\_\_\_

Issue Country \_\_\_\_\_ Issue Date    *dd* /    *mm* /    *yyyy* Expiry Date    *dd* /    *mm* /    *yyyy*

Residence/Work Permit No. (For foreigners) \_\_\_\_\_ Tax Identification Number \_\_\_\_\_

### CERTIFICATION

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

Customer's Name \_\_\_\_\_

Signature & Date \_\_\_\_\_