

ACCOUNT OPENING FORM FOR MINORS



This form should be completed in BLOCK letters.

Bank Verification Number (BVN)

BRANCH

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ACCOUNT SEGMENT

UNIONINFINITY ☐

UNIONLEGEND ☐

TYPE OF ACCOUNT

**Bank use only*

TIER 1 ☐

TIER 2 ☐

TIER 3 ☐

CURRENCY

NGN(₦) ☐

USD(\$) ☐

PARENT/GUARDIAN ACCOUNT NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(For Union Bank Customers only)

CHILDREN'S DETAILS

(This form allows you to open accounts for up to 2 children.)

FIRST CHILD

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OTHER NAMES

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MOTHER'S MAIDEN NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE OF ORIGIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

GENDER

M	F
---	---

Male Female

NATIONALITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LOCAL GOVT. AREA

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attach Passport
Photo Here

SCHOOL INFORMATION

SCHOOL NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CLASS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STANDING INSTRUCTION

ACCOUNT NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AMOUNT IN WORDS

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AMOUNT IN FIGURES

#		\$																	K
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ACCOUNT TO CREDIT

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FREQUENCY OF DEBIT

WEEKLY ☐

MONTHLY ☐

COMMENCEMENT DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SECOND CHILD

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OTHER NAMES

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MOTHER'S MAIDEN NAME

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STATE OF ORIGIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

GENDER

M	F
---	---

Male Female

NATIONALITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LOCAL GOVT. AREA

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Attach Passport
Photo Here

SCHOOL INFORMATION

SCHOOL NAME

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CLASS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECOND CHILD'S INFORMATION

STANDING INSTRUCTION

ACCOUNT NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AMOUNT IN WORDS

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AMOUNT IN FIGURES

#		\$																	K
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ACCOUNT TO CREDIT

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FREQUENCY OF DEBIT

WEEKLY ☐

MONTHLY ☐

COMMENCEMENT DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ACCOUNT SERVICES

(Please tick applicable option below)

CARD TYPE

UNIONLEGEND DEBIT CARD ☐

COMMUNICATION PREFERENCES

(*Please confirm that you have provided a valid email address.)

EMAIL ALERT ☒

(Free)

SMS ALERT ☒

(Fees Apply)

Union Bank of Nigeria Plc (“the Bank”) will process the above data, along with any other data you subsequently give us, in terms of the Nigerian Data Protection Regulation 2019. The data will be used to give you statements and provide the Bank’s products and services to you; for internal assessment and analysis; for the detection and prevention of fraud and other criminal activities which the Bank is under legal obligation to report; to develop and improve the Bank’s services; for direct marketing, such as to inform you, by mail, telephone, e-mail or other electronic means, about other product and services provided by the Bank, the Bank’s affiliate or merchant partners in order to improve your overall customer experience and for research purposes.

I/We hereby consent to the processing of my/our Personal Data (within or outside Nigeria), including transfer of my/our Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above.

NAME OF INTERPRETER

[illegible]

ADDRESS OF INTERPRETER

[illegible][illegible]

MOBILE NUMBER

--	--	--

[illegible]

OTHER NUMBER

--	--	--

[illegible]

LANGUAGE OF INTERPRETATION

[illegible]

MARK OF CUSTOMER/THUMBPRINT

--

MAGISTRATE/
COMMISSIONER FOR OATHS

--

DATE _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SIGNATURE

I hereby apply for the opening of an account with Union Bank of Nigeria Plc. I have read the terms and conditions governing the account and those relating to various products and services that I have requested for, as stated on the Bank's website www.unionbankng.com/terms-and-conditions, and I agree to be bound by them. I also indemnify the Bank fully for acting on all email instructions issued from the email address provided.

NAME OF ACCOUNT HOLDER _____

SIGNATURE _____

DATE _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

NAME OF ACCOUNT HOLDER _____

SIGNATURE _____

DATE _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

BRANCH CODE

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SEGMENT CODE

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RM CODE

RM CODE						

REFERRAL CODE

REFERRAL CODE						

INTRODUCER CODE

INTRODUCER CODE						