

INDIVIDUAL ACCOUNT OPENING FORM

FOR OFFICIAL USE ONLY										
	PASSPORT HOTOGRAPH									
ACCOUNT TYPE										
TYPE OF ACCOUNT CURRENT SAVINGS JOINT CURRENCY NGN(H) USD(\$) GBP(£)	EUR(€)									
OTHER TYPES OF ACCOUNT TIER 1 TIER 2 TIER 3										
PURPOSE OF ACCOUNT SALARY INVESTMENT OTHER (Please Specify)										
PERSONAL INFORMATION										
FIRST NAME OTHER NAMES DATE OF BIRTH MARITAL STATUS SINGLE MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH MARRIED OTHER NAME PLACE OF BIRTH NOTHER NAME NOTHER NAME PLACE OF BIRTH NOTHER NAME NOTHER NAME PLACE OF BIRTH NOTHER NAME PLACE OF										
EDUCATION O'LEVEL STUDENT GRADUATE POST-GRADUATE OTHER (Please Specify)										
CONTACT DETAILS EMAIL ADDRESS SOCIAL MEDIA TO DETAILS SOCIAL MEDIA										
FACEBOOK LINKEDIN X INSTAGRAM Resiential Address (Please note that address will be verified by our agents)										
HOUSE NUMBER STREET NAME										
NEAREST BUS-STOP/ CITY/TOWN CITY/TOWN										
LOCAL GOVT. AREA STATE										
LENGTH OF STAY AT CURRENT ADDRESS ACCOMMODATION TYPE RENTED OWNED CURRENT ADDRESS										
COUNTRY MAILING ADDRESS (If different from address above) MOBILE NUMBER (Country Code) MOBILE (Country Code) (Country Code)										

IDENTIFICATION							
NATIONAL ID/NIN DRIVER'S LICENSE INT'L PASSPORT PERMANENT VOTER'S CARD OTHER (Please Specify)							
ID. NUMBER STATE S							
TAX IDENTIFICATION NUMBER							
Are you a US Permanent Resident or Citizen? YES NO SOCIAL SECURITY NUMBER — — — — — — — — — — — — — — — — — — —							
ACCOUNT SERVICES (Please tick applicable option below)							
INTERESTED IN JOINING THE αlpher COMMUNITY? > *YES NO							
*www.alpherwoman.com							
*CARD TYPE DEBIT UNIONACE ENABLE MY CARD ON WEB SERIVCE YES NO CHOOSE FREE BANKING PATH DEPOSIT TURNOVER NOT INTERESTED							
*E-BANKING UNIONONLINE UNIONMOBILE USSD **Special characters not allowed							
COMMUNICATION PREFERENCES *Please confirm that you have provided a valid email address* EMAIL ALERT SMS ALERT *EMAIL INDEMNITY *EMAIL *EMAIL INDEMNITY *EMAIL *							
DO YOU WANT A CHEQUE BOOK? YES NO IF YES, NUMBER OF LEAVES 25 50 100							
FOR A HIGHER PRE-CONFIRMATION LIMIT, PLEASE SPECIFY (i.e. above #150,000:00)							
* Note: Terms and Conditions apply. Kindly visit www.unionbankng.com/terms-and-conditions for more information							
EMPLOYMENT/INCOME INFORMATION							
EMPLOYMENT STATUS EMPLOYED SELF-EMPLOYED UNEMPLOYED RETIRED STUDENT							
ANNUAL SALARY/INCOME							
#7M - #12M							
BUSINESS/EMPLOYER'S NAME BUSINESS/ EMPLOYER'S PHONE NUMBER (Country Code) OFFICE/HOUSE NUMBER STREET NAME							
NEAREST BUS-STOP/LANDMARK							
CITY/TOWN STATE STATE							
For Employed							
THAT ONE OF EMPEOTIMENT / PENMANENT CONTINUED CONFIRMED							
JOB LEVEL PENTRY MIDDLE MANAGEMENT SENIOR MANAGEMENT EXECUTIVE MANAGEMENT							
YEARS WITH CURRENT LESS THAN 1 - 2 YEARS 3 - 6 YEARS 7 - 10 YEARS ABOVE 10 YEARS 1 YEAR 1 - 2 YEARS 7 - 10 YEARS ABOVE 10 YEARS 1 - 2 YEARS 1 - 2 YEARS 7 - 10 YEARS 1 - 2 YEARS 1 -							
For self-employed TYPE OF BUSINESS							
SOURCES OF FUNDS TO THE ACCOUNT							
EXPECTED ANNUAL INCOME FROM OTHER SOURCES							
SOURCES OF OTHER INCOME/WEALTH BUSINESS INVESTMENT OTHER (Please Specify)							
For Business							
NAME OF ASSOCIATED BUSINESS(ES) 1.							
2.							
TYPE OF BUSINESS							

NEXT OF KIN
TITLE SURNAME SURNAME
FIRST NAME OTHER NAMES
RELATIONSHIP DATE OF BIRTH DDMMYYYYY GENDER Male Female
MOBILE NUMBER OTHER NUMBER
(Country Code) (Country Code)
EMAIL ADDRESS
HOUSE NUMBER STREET NAME
NEAREST BUS-STOP/LANDMARK
CITY/TOWN LOCAL GOVT.
STATE COUNTRY COUNTRY
Complete if different from Next of Kin above
SPOUSE'S NAME Surname First
SPOUSE'S DATE OF BIRTH D D M M Y Y Y Y
SPOUSE'S OCCUPATION

ACCOUNT(S) HELD WITH OTHER BANK(S)

s/no	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	ACTIVE/ DORMANT

IMPORTANT INFORMATION ABOUT THE ACCOUNT

This account is strictly a Savings account. The operation of the account is limited to a maximum single deposit of;

Tier 1: N50,000 and maximum cumulative of N300,000.

Tier 2: N100,000 and maximum cumulative of N500,000.

Mobile banking is limited to a maximum transaction limit of

Tier 1: N3,000 and a daily limit of N30,000

Tier 2: N10,000 and a daily limit of N100,000.

Transaction above the approved limit will require additional supporting documents.

International funds transfer will require a valid means of identification for minors (16 -17 years), Tier 1 account type will be opened.

DATA PROTECTION NOTICE

Union Bank of Nigeria PIc ("the Bank") will process the above data, along with any other data you subsequently give us, in terms of the Nigeria Data Protection Act (NDPA) 2023. 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.

For more information, please read our Privacy Notice on our website. Please note that your personal data may be disclosed to, exchanged with, or processed by employees of the Bank. You have the right to be informed by the Bank, at your request, about the personal data held by the Bank about you that is processed and to request to correct such information where necessary. Should the data you provided to the Bank change, the Bank must be informed without undue delay. You also have the right to withdraw your consent on the processing of your personal information.

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.

*Please Note: Union Bank will never call you to ask for your personal information; BVN, NIN, Date of Birth, OTP, PIN, Passwords or ATM car details (the numbers on front and at the back of your card).

Disclaimer: If a breach is associated with the operation of your account/wallets, you agree that we have the right to apply restrictions to your account/wallet and report to appropriate law enforcement agencies in line with extant laws.

DECLARATION																
I hereby apply for the opening of relating to various products and and I agree to be bound by ther	services that I ha	ve reques	ted fo	r, as s	tated	d on th	ne Ba	nk's v	vebsit	e www	union.	bank	ng.co	m/terms	-and-cond	itions,
NAME OF ACCOUNT HOLDER							SIG	NATL	JRE							
DATE D D M M Y Y	/ Y Y															
NAME OF ACCOUNT HOLDER							SIGI	NATU	IRE							
DATE D D M M Y Y	/ Y Y															
JURAT (This should be adopted where	the applicant is not lit	erate or is bli	ind and	the for	m is r	ead to i	him or	her by	a third	party)						
NAME OF INTERPRETER					<u> </u>											
ADDRESS OF INTERPRETER																
MOBILE NUMBER (Country)	Code)					OTH	HER N	IUMB		ountry Co	nde)					
LANGUAGE OF INTERPRETATION																
I agree to abide by the content o	of this agreement a	and ackno	wledg	e that	it ha	as bee	n trul	y and	d audi	oly read	d over	and	explair	ned to m	e by an int	erpreter.
MARK OF CUSTOMER/THUMBP	RINT									STRATE MISSION		OR C	ATHS			
DATE D D M M Y Y	YY								SIGN	iature	≣ _					
			OFF	ICIA	L U	ISE (DNĽ	Y -				_				
AUTHENTICATION FOR POLIT	ICALLY EXPOSED	PERSONS	;													
IS THE APPLICANT A POLITIC	CALLY EXPOSED P	ERSON?	<u> </u>			*Y	ES		NO [
*If "Yes", please provide details																
IDENTIFY THE CUSTOMER'S F	RISK CATEGORY										LO	W		MEDIUM	HIGI	Н
ACCOUNT CODES																
BRANCH CODE		SEGME	ENT C	ODE		1						EMF	PLOYE	R CODE		
INTRODUCER CODE		REFER	RAL (CODE								RM (CODE			
ANCHOR CODE		SUPPL	JER C	ODE	Τ							DIS	TRIBU	TOR CO	DE	
DEBIT CARD TYPE	VERVE MA	STERCAR	RD [1 1		SALA	RY PA	YMEN1	r date	E (DA	Y OF	THE MOI	NTH):	
										¬I						
REQUIREMENT CHECKLIST	TYPE OF ACCO		CURRE	ENT L	S#	AVING	ıS [JO	INT L	<u> </u>						
S/N DOCUMENT REQUIRED										CHEC	KED		DEFE	RRED	WAIVE	ED
DULY COMPLETED ACC SPECIMEN SIGNATURE																
2. SPECIMEN SIGNATURE																
3. TWO (2) RECENT PASS			055													
4. TWO (2) INDEPENDEN	II SATISFACTORY	REFEREN	CES							L			L			

S/N	DOCUMENT REQUIRED	CHECKED	DEFERRED	WAIVED		
5.	PROOF OF ID: INT'L PASSPORT, DRIVER'S LICENSE, NATIONAL VALID VOTERS CARD, NATIONAL IDENTIFICATION NUMBER, E					
6.	PROOF OF ADDRESS: UTILITY BILLS, ETC (Certified true copy is acceptable if original is not held)					
7.	RESIDENT PERMIT (For non-Nigerians)					
8.	LETTER FROM EMPLOYER (FOR SALARY ACCOUNT)					
9.	TAX IDENTIFICATION / SOCIAL SECURITY NUMBER					
10.	LOAN AGREEMENT FORM (Optional)					
ACCC	UNT OPENED BY	ACCOUNT AUTHOR	ISED BY			
NAME		NAME				
DATE DDMMYY SIGNATURE DATE DDMMYY SIGNATURE						