## INDIVIDUAL ACCOUNT OPENING FORM



| FOR OFFICIAL USE ONLY   |   |  |  |  |  |
|---|---|--|--|--|--|
| BANK VERIFICATION NUMBER  ACCOUNT NO.   | NATIONAL IDENTIFICATION NUMBER  PASSPORT PHOTOGRAPH  BRANCH |  |  |  |  |
| ACCOUNT TYPE  |   |  |  |  |  |
| TYPE OF ACCOUNT  CURRENT SAVINGS JOINT CURRENCY NGN(₦) USD(\$) GBP(£) EUR(€)  |   |  |  |  |  |
| OTHER TYPES OF ACCOUNT  |   |  |  |  |  |
| PURPOSE OF ACCOUNT SALARY INVESTMENT CHILDREN OTHER (Please Specify)  |   |  |  |  |  |
|   |   |  |  |  |  |
| TITLE  SURNAME  OTHER NAMES  DATE OF BIRTH  GENDER  MOTHER'S MAIDEN NAME  D D M M Y Y Y Y M Male Female  MARITAL STATUS SINGLE  MARRIED  OTHER NAME  PLACE OF BIRTH  MARRIED  OTHER PLACE OF BIRTH  MARRIED  OTHER PLACE OF BIRTH  MARRIED  NATIONALITY  RELIGION |   |  |  |  |  |
| For Non-Nigerians  RESIDENT PERMIT NUMBER  NO. OF CHILDREN NO. OF DEPENDANTS ISSUE DATE EXPIRY DATE D D M M Y Y Y Y D D M M Y Y Y Y   |   |  |  |  |  |
| EDUCATION O'LEVEL STUDENT GRADUATE POST-GRADUATE OTHER (Please Specify)   |   |  |  |  |  |
|   |   |  |  |  |  |
| CONTACT DETAILS   |   |  |  |  |  |
| EMAIL ADDRESS   |   |  |  |  |  |
| SOCIAL MEDIA SACEBOOK   | LINKEDIN TWITTER INSTAGRAM                                  |  |  |  |  |
| Resiential Address (Please note that address will be verified HOUSE   | by our agents)  STREET NAME                                 |  |  |  |  |
| NUMBER L.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I  |   |  |  |  |  |
| NEAREST BUS-STOP/   | CITY/TOWN CITY/TOWN   |  |  |  |  |
| LOCAL GOVT. AREA  | STATE STATE   |  |  |  |  |
| LENGTH OF STAY AT ACCOMMODATION TYPE RENTED OWNED OWNED   |   |  |  |  |  |
| COUNTRY Mth(s)  |   |  |  |  |  |
| MAILING ADDRESS (If different from address above)   |   |  |  |  |  |
| MOBILE<br>NUMBER (Country Code)   | OTHER NUMBER (Country Code)                                 |  |  |  |  |

| IDENTIFICATION   |  |  |  |
|--|--|--|--|
| NATIONAL ID/NIN DRIVER'S LICENSE INT'L PASSPORT PERMANENT VOTER'S CARD OTHER (Please Specify)  |  |  |  |
| ID. NUMBER DATE DATE DATE DATE DATE  |  |  |  |
| TAX IDENTIFICATION NUMBER  |  |  |  |
| Are you a US Permanent Resident or citizen? YES NO SOCIAL SECURITY NUMBER — — — — — — If yes, complete a W9 form for FATCA,              |  |  |  |
| ACCOUNT SERVICES (Please tick applicable option below)   |  |  |  |
| INTERESTED IN JOINING THE αlpher COMMUNITY? > *YES NO NO   |  |  |  |
| *www.alpherwoman.com   |  |  |  |
| *CARD TYPE DEBIT UNIONACE ENABLE MY CARD ON WEB SERIVCE YES NO  *Fees Apply  |  |  |  |
| CHOOSE FREE BANKING PATH DEPOSIT TURNOVER NOT INTERESTED   |  |  |  |
| *E-BANKING UNIONONLINE UNIONMOBILE QR CODE *PREFERRED USERNAME *PREFERRED USERNAME *Special characters not allowed                       |  |  |  |
| COMMUNICATION PREFERENCES *Please confirm that you have provided a valid email address (Free)  *SMS ALERT (Free Apply)  *EMAIL INDEMNITY |  |  |  |
| 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) > ## K  |  |  |  |
| * 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 JOB TITLE JOB TITLE   |  |  |  |
| BUSINESS/ EMPLOYER'S PHONE NUMBER  (Country Code)  |  |  |  |
| OFFICE/HOUSE NUMBER STREET NAME STREET NAME  |  |  |  |
| NEAREST BUS-STOP/LANDMARK  |  |  |  |
| CITY/TOWN LOCAL GOVT. AREA   |  |  |  |
| For Employed   |  |  |  |
| NATURE OF EMPLOYMENT PERMANENT CONTRACT CONFIRMED UNCONFIRMED  |  |  |  |
| JOB LEVEL  |  |  |  |
| YEARS WITH CURRENT LESS THAN 1 - 2 YEARS 3 - 6 YEARS 7 - 10 YEARS ABOVE 10 YEARS   |  |  |  |
| TYPE OF BUSINESS TRADE PROFESSIONAL SERVICES RETAILER OTHER (Please Specify)   |  |  |  |
| (Prease Specify) 7   |  |  |  |
| SOURCES OF FUNDS TO  THE ACCOUNT  1.   |  |  |  |
| EXPECTED ANNUAL INCOME FROM OTHER SOURCES  |  |  |  |
| SOURCES OF OTHER INCOME BUSINESS INVESTMENT OTHER (Please Specify)   |  |  |  |
| For Business   |  |  |  |
| NAME OF ASSOCIATED BUSINESS(ES)  1.  |  |  |  |
| 2.   |  |  |  |
| TYPE OF BUSINESS   |  |  |  |
|  |  |  |  |

| NEXT OF KIN  |  |  |  |
|--|--|--|--|
| TITLE SURNAME  |  |  |  |
| FIRST NAME OTHER NAMES   |  |  |  |
| RELATIONSHIP DATE OF BIRTH DDMMYYYYY GENDER Male Female  |  |  |  |
| MOBILE NUMBER OTHER NUMBER   |  |  |  |
| (Country Code)  EMAIL ADDRESS  (Country Code)  |  |  |  |
| 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 DORMANT   |  |  |  |
| S/NO NAME AND ADDRESS OF BANK/BRANCH ACCOUNT NAME ACCOUNT NUMBER DORMANT   |  |  |  |
|  |  |  |  |
|  |  |  |  |
| DATA PROTECTION NOTICE   |  |  |  |
| 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 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 assess-  |  |  |  |
| ment 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 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   |  |  |  |

| JURAT (This should be adopted where the applicant is not literate or is blind and the form  | n is read to him or her by a third party)                         |   |  |  |
|---|---|---|--|--|
| NAME OF INTERPRETER   |   |   |  |  |
| ADDRESS OF INTERPRETER  |   |   |  |  |
|   |   |   |  |  |
| MOBILE NUMBER (Country Code)  | OTHER NUMBER (Country Code)                                       |   |  |  |
| LANGUAGE OF INTERPRETATION  |   |   |  |  |
| l agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter. |   |   |  |  |
| MARK OF CUSTOMER/THUMBPRINT   | MAGISTRATE/ COMMISSIONER FOR OATHS                                |   |  |  |
| DATE DDMMYYYY   | SIGNATURE   |   |  |  |
| OFFICIA   | L USE ONLY — — — — — — — — — —                                    |   |  |  |
| AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS  |   |   |  |  |
| IS THE APPLICANT A POLITICALLY EXPOSED PERSON?  | *YES NO   |   |  |  |
| *If "Yes", please provide details   |   |   |  |  |
| IDENTIFY THE CUSTOMERS RISK CATEGORY  | LOW MEDIUM HIGH   |   |  |  |
| ACCOUNT CODES   |   |   |  |  |
| BRANCH CODE SEGMENT CODE  | EMPLOYER CODE   |   |  |  |
| INTRODUCER CODE REFERRAL CODE RM CODE   |   |   |  |  |
| ANCHOR CODE SUPPLIER CODE DISTRIBUTOR CODE  |   |   |  |  |
|   |   |   |  |  |
| DEBIT CARD TYPE VERVE MASTERCARD  | SALARY PAYMENT DATE (DAY OF THE MONTH): (If customer is employed) | D |  |  |
| REQUIREMENT CHECKLIST TYPE OF ACCOUNT CURRENT   | SAVINGS JOINT ]   |   |  |  |
| S/N DOCUMENT REQUIRED   | CHECKED DEFERRED WAIVED   |   |  |  |
| 1. DULY COMPLETED ACCOUNT OPENING FORM  |   |   |  |  |
| 2. SPECIMEN SIGNATURE CARD DULY COMPLETED   |   |   |  |  |
| 3. TWO (2) RECENT PASSPORT PHOTOGRAPHS  |   |   |  |  |
| 4. TWO (2) INDEPENDENT SATISFACTORY REFERENCES  |   |   |  |  |
| 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)  |   |   |  |  |
| ACCOUNT OPENED BY  ACCOUNT AUTHORISED BY  |   |   |  |  |
| NAME  | NAME  |   |  |  |
| DATE D D M M Y Y SIGNATURE  | DATE D M M Y Y SIGNATURE  |   |  |  |