

ACCOUNT OPENING FORM FOR MINORS

This form should be completed in BLOCK letters

(RC: 6262)

ACCOUNT SEGMENT

UNIONINFINITY
(0-12YEARS)

☐

UNIONLEGEND
(13-17YEARS)

☐

CURRENCY >

NGN(₦)

☐

USD(\$)

☐

CHILDREN'S DETAILS

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

Attach Child's
Passport Photo
Here

FIRST CHILD

SURNAME

FIRST NAME

OTHER NAMES

MOTHER'S MAIDEN NAME

STATE OF ORIGIN

DATE OF BIRTH

GENDER

Male Female

NATIONALITY

LOCAL GOVT. AREA

SCHOOL INFORMATION

SCHOOL NAME

CLASS

SECOND CHILD

SURNAME

FIRST NAME

OTHER NAMES

MOTHER'S MAIDEN NAME

STATE OF ORIGIN

DATE OF BIRTH

GENDER

Male Female

NATIONALITY

LOCAL GOVT. AREA

SCHOOL INFORMATION

SCHOOL NAME

CLASS

PARENT/GUARDIAN DETAILS (COMPLETE IN BLOCK LETTERS AND TICK WHERE NECESSARY)

TITLE

SURNAME

FIRST NAME

OTHER NAMES

DATE OF BIRTH

GENDER

Male Female

MOTHER'S MAIDEN NAME

MARITAL STATUS >

SINGLE

☐

MARRIED

☐

OTHER
(Please Specify)

PLACE OF BIRTH

STATE OF ORIGIN

LOCAL GOVT. AREA

NATIONALITY

RELIGION

NO. OF CHILDREN

NO. OF DEPENDANTS

For Non-Nigerians

RESIDENT PERMIT
NUMBER

ISSUE DATE

EXPIRY DATE

EDUCATION >

O' LEVEL

☐

STUDENT

☐

GRADUATE

☐

POST-GRADUATE

☐

OTHER
(Please specify)

CONTACT DETAILS

EMAIL ADDRESS

SOCIAL MEDIA



FACEBOOK



LINKEDIN



X



INSTAGRAM

Residential Address

HOUSE
NUMBER

STREET NAME

NEAREST BUS-STOP/
LANDMARK

CITY/TOWN

LOCAL GOVT. AREA

STATE

LENGTH OF STAY AT
CURRENT ADDRESS

Yr(s) Mth(s)

ACCOMMODATION TYPE

RENTED

OWNED

COUNTRY

MAILING ADDRESS

(If different from above address)

MOBILE
NUMBER

(Country Code)

OTHER
NUMBER

(Country Code)

IDENTIFICATION

NATIONAL ID

DRIVER'S LICENSE

INT'L PASSPORT

VOTER'S CARD

(Permanent)

OTHER

(Please Specify)

ID. NUMBER

ISSUE
DATE

DDMMYYYY

EXPIRY
DATE

DDMMYYYY

TAX IDENTIFICATION NUMBER

Are you a US Permanent Resident or Citizen? YES

NO

If yes, complete a W8 form for FATCA,

SOCIAL SECURITY NUMBER

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EMPLOYMENT/INCOME INFORMATION

EMPLOYMENT STATUS

EMPLOYED

SELF EMPLOYED

UNEMPLOYED

RETIRED

STUDENT

ANNUAL SALARY/INCOME

LESS THAN ₦500,000

₦500,000 < ₦1.5M

₦1.5M < ₦3M

₦3M < ₦7M

₦7M < ₦12M

₦12M < ₦20M

₦20M < ₦33M

ABOVE ₦33M

BUSINESS/EMPLOYER'S NAME

JOB TITLE

BUSINESS/
EMPLOYER'S PHONE NUMBER

(Country Code)

OFFICE/HOUSE NUMBER

STREET NAME

NEAREST BUS-STOP/LANDMARK

CITY/TOWN

LOCAL GOVT.
AREA

STATE

For Employed

NATURE OF EMPLOYMENT

PERMANENT

CONTRACT

CONFIRMED

UNCONFIRMED

JOB LEVEL

ENTRY

MIDDLE MANAGEMENT

SENIOR MANAGEMENT

EXECUTIVE MANAGEMENT

YEARS WITH CURRENT
EMPLOYER

LESS THAN
1 YEAR

1 - 2 YEARS

3 - 6 YEARS

7 - 10 YEARS

ABOVE 10 YEARS

For self employed

TYPE OF BUSINESS

TRADE

PROFESSIONAL SERVICES

RETAILER

OTHERS

(Please specify)

SOURCE OF FUNDS TO THE ACCOUNT

EXPECTED ANNUAL INCOME

SOURCE OF WEALTH

BUSINESS

INVESTMENT

OTHER

(Please Specify)

TITLE

Complete if different from Next of Kin above

ACCOUNT SERVICES *(Please tick applicable option below)*

COMMUNICATION PREFERENCES

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

EMAIL ALERT ☐ SMS ALERT ☒

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 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.

By appending my/our signature on this form, I/We hereby consent to the processing of my/our Personal Data, whether within or outside Nigeria. This includes the transfer of my/our Personal Data to any third party for purposes related to the reasons for which the data is being processed, as stated above. I/We also understand that I/We have the right to withdraw this consent at any time.

For any requests or enquiries relating to your Personal Data, kindly contact our Data Protection Officer at dpo@unionbankng.com.

JURAT *(This should be adopted where the applicant is not literate or is blind and the form is read to him/her by a third party.)*

I agree to abide by the content of this agreement and acknowledge that it has been clearly and audibly read over and explained to me by an interpreter and I confirm my understanding of same.

MAGISTRATE/
COMMISSIONER FOR OATHS

SIGNATURE _____

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

ACCOUNT CODES *(For official use only)*

BRANCH CODE	SEGMENT CODE	RM CODE	REFERRAL CODE	INTRODUCER CODE																																				
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AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS (OFFICIAL USE ONLY)

IS THE APPLICANT A POLITICALLY EXPOSED PERSON?	>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
*If "Yes", please provide details _____			
IDENTIFY THE CUSTOMER'S RISK CATEGORY	>	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/>