

ACCOUNT OPENING FORM FOR MINORS

This form should be completed in **BLOCK** letters

(RC: 6262)

ACCOUNT SEGMENT		UNIONINFINITY (0-12YEARS) <input type="checkbox"/>	UNIONLEGEND (13-17YEARS) <input type="checkbox"/>	CURRENCY		NGN(N) <input type="checkbox"/>	USD(\$) <input type="checkbox"/>											
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												
				<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> F	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												
				<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> F	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											
<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female
MARRITAL STATUS		SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (Please Specify)		PLACE OF BIRTH									
STATE OF ORIGIN				LOCAL GOVT. AREA									
NATIONALITY				RELIGION									
NO. OF CHILDREN				NO. OF DEPENDANTS									
For Non-Nigerians		ISSUE DATE		EXPIRY DATE									
RESIDENT PERMIT NUMBER		<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y									
EDUCATION		O' LEVEL <input type="checkbox"/> STUDENT <input type="checkbox"/> GRADUATE <input type="checkbox"/> POST-GRADUATE <input type="checkbox"/> OTHER (Please Specify)											

CONTACT DETAILSEMAIL ADDRESS SOCIAL MEDIA    

FACEBOOK

LINKEDIN

X

INSTAGRAM

Residential AddressHOUSE 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 OTHER (Permanent) ID. NUMBER ISSUE DATE D D M M Y Y Y Y EXPIRY DATE D D M M Y Y Y YTAX IDENTIFICATION NUMBER Are you a US Permanent Resident or Citizen? YES NO
If yes, complete a W8 form for FATCA,SOCIAL SECURITY NUMBER - - **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) 

NEXT OF KIN

TITLE							SURNAME											
FIRST NAME							OTHER NAMES											
RELATIONSHIP							DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	GENDER	M	F
MOBILE NUMBER	<input type="text"/>		<input type="text"/>				OTHER NUMBER	<input type="text"/>		<input type="text"/>								
	(Country Code)							(Country Code)										
EMAIL ADDRESS																		
HOUSE NUMBER	<input type="text"/>			STREET NAME			<input type="text"/>											
NEAREST BUS-STOP/LANDMARK																		
CITY/TOWN							LOCAL GOVT. AREA											
STATE							COUNTRY											

Complete if different from Next of Kin above

SPOUSE'S NAME	<input type="text"/>													
	Surname First													
SPOUSE'S DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y						
SPOUSE'S OCCUPATION	<input type="text"/>													

ACCOUNT SERVICES (Please tick applicable option below)

CARD TYPE	UNIONLEGEND DEBIT CARD	<input type="checkbox"/>	COMMUNICATION PREFERENCES (Please confirm that you have provided a valid email address)	EMAIL ALERT	<input type="checkbox"/>	SMS ALERT	<input checked="" type="checkbox"/>
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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 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.)

NAME OF INTERPRETER	<input type="text"/>												
ADDRESS OF INTERPRETER	<input type="text"/>												
	<input type="text"/>												
MOBILE NUMBER	<input type="text"/>		<input type="text"/>				OTHER NUMBER	<input type="text"/>		<input type="text"/>			
	(Country Code)							(Country Code)					

LANGUAGE OF INTERPRETATION

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.

MARK OF CUSTOMER/THUMBPRINT

MAGISTRATE/
COMMISSIONER FOR OATHS

DATE D D M M Y Y Y Y

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
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NAME OF ACCOUNT HOLDER _____ SIGNATURE _____

DATE

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

ACCOUNT CODES *(For official use only)*

BRANCH CODE

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SEGMENT CODE

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RM CODE

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

REFERRAL CODE

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INTRODUCER CODE

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AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS (OFFICIAL USE ONLY)

IS THE APPLICANT A POLITICALLY EXPOSED PERSON?

*YES NO

*If "Yes", please provide details _____

IDENTIFY THE CUSTOMER'S RISK CATEGORY

LOW MEDIUM HIGH