This form should be completed in CAPITAL LETTERS.

Category of Account: (Please tick as appropriate)

Current Account ☐ Savings Account ☐

Account Type: (Please tick as appropriate)

Current Account ☐ Fixed Deposit Account ☐ Savings Account ☐ Domiciliary Account ☐ ₦ £ € $ Other

Joint Account ☐ Mortgage Linked Account ☐

Affix Passport Photograph Here

BRANCH

ACCOUNT No (For official use only)

BANK VERIFICATION NO: (BVN)

1. PERSONAL INFORMATION

Title First Name

Surname Other Names

Marital Status (Please tick) Single ☐ Married ☐ Others (Please Specify) Gender: Male ☐ Female ☐

Date of Birth D D M M Y Y Y Y Country of Birth

Mother's Maiden Name

Nationality 2nd Nationality

Country of Residence Permit Issue Date D D M M M M M M Permit Expiry Date D D M M Y Y Y Y

L.G.A State of Origin

Tax Identification Number (TIN) Resident Permit No

Purpose of Account Religion (Optional)

2 CHILD'S DETAILS

First Name Other Names

Surname Date of Birth D D M M Y Y Y Y Gender: Male ☐ Female ☐

3A. CONTACT DETAILS

House Number Street Name

Nearest Bus Stop/Landmark

City/Town L.G.A

State

Mailing Address

Phone Number (1) + Country Code Phone Number (2) + Country Code

E-Mailing Address

3B. FOREIGN ADDRESS (IF ANY)

Post Code Type of Visa

4. VALID MEANS OF IDENTIFICATION

National ID Card ☐ National Driver's Licence ☐ International Passport ☐ INEC Voter's Card ☐ Others (Please specify)

ID No. ID Issue Date D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y

Country of Issuance

5. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: Verve Card ☐ Master Card ☐ Visa Card ☐ Others (Specify)

Electronic Banking Preferences: Internet Banking ☐ Mobile Banking ☐ ATM ☐ POS ☐ Other Electronic Channels (Fees may apply) Specify .....

Transaction Alert Preferences: Email Alert (Free) ☐ SMS Alert (Fee applies) ☐

Statement Preferences: Email ☐ Collection at Branch ☐ Statement Frequency: Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐

Cheque Book Requisition: (Fee applies) Open Cheque ☐ Crossed Cheque ☐ 25 Leaves ☐ 50 Leaves ☐ 100 Leaves ☐

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes ☐ No ☐

Cheque Confirmation Threshold: If yes, please specify the threshold

6. EMPLOYMENT DETAILS

Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Please specify)

Date of Employment (If employed) D D M M Y Y Y Y

Annual Salary/Expected Annual Income

(a) Less than N50,000 ☐ (b) N51,000 - N250,000 ☐ (c) N251,000 - N500,000 ☐ (d) N501,000 - Less than N1million ☐

(e) N1million - Less than N5million ☐ (f) N5million - Less than N10million ☐ (g) N10million - Less than N20million ☐ (h) Above N20million ☐

Employer's Name

House Number Street Name

Nearest Bus Stop/Landmark

City/Town L.G.A

State

Type of Business/ Occupation

Office Phone No. 1 Office Phone No. 2

7. DETAILS OF NEXT OF KIN

First Name Other Names

Surname

Date of Birth D D M M Y Y Y Y Gender: Male ☐ Female ☐ Title (Specify)

Relationship

Phone Number 1 + Country Code Phone Number (2) + Country Code

E-mail Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town

State

8. ADDITIONAL DETAILS

I. Name of Beneficial Owner(s) (If any)

II. Spouse's Name (If applicable)

III. Spouse's Date of Birth D D M M Y Y Y Y Spouse's Occupation

IV. Source of Funds to the Account 1.

2.

Expected Annual Income from other sources

V. Name of Associated Business(es) (If any)1.

2.

3.

VI. Type of Business

VII. Business Address

9. ACCOUNT HELD WITH OTHER BANKS:

S/N	NAME AND ADDRESS OF BANK BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1				
2				
3				
4				

10. DECLARATION:

I/We hereby apply for the opening of account(s) with Jubillee Life Mortgage Bank Plc. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I therefore warrant that such information is correct.

I further undertake to indemnify the bank of any loss suffered as a result of any false information or error in the information provided to the bank.

1. Name.....Signature.....Date.....

2. Name.....Signature.....Date.....

11. 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 the 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

NAME OF INTERPRETER:

ADDRESS OF INTERPRETER:

TEL NO.:

LANGUAGE OF INTERPRETATION:

12. JOINT ACCOUNT

(PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS)

Please Affix Your Passport Photograph Here

Joint Account Holder

BANK VERIFICATION NO: (BVN)

12A. PERSONAL INFORMATION

Title

First Name

Surname

Other Names

Marital Status (Please tick) Single

Married

Others (Please Specify)

Gender: Male

Female

Joint Account Holder's Signature

Date of Birth D D M M Y Y Y Y

Country of Birth

Mother's Maiden Name

Nationality

2nd Nationality

Country of Residence

Permit Issue Date D D M M M M M M

Permit Expiry Date D D M M Y Y Y Y

L.G.A

State of Origin

Tax Identification Number (TIN)

Resident Permit No

Purpose of Account

Religion (Optional)

12B. CHILD'S DETAILS

First Name

Other Names

Surname

Date of Birth D D M M Y Y Y Y

Gender: Male

Female

12C. CONTACT DETAILS

House Number

Street Name

Nearest Bus Stop/Landmark

City/Town

L.G.A

State

Mailing Address

Phone Number (1) +

Country Code

Phone Number (2) +

Country Code

E-Mailing Address

12D. FOREIGN ADDRESS (IF ANY)

Post Code

Type of Visa

12E. VALID MEANS OF IDENTIFICATION

National ID Card

National Driver's Licence

International Passport

INEC Voter's Card

Others (Please specify)

ID No.

ID Issue Date D D M M Y Y Y Y

ID Expiry Date D D M M Y Y Y Y

Country of Issuance_____