



	ERIFICATIO	ON NUMBE	ER ENROLI	MENT F	ORM		Affix Passport
Surname:							Freedom
Middle Name:							Basic
Middle Name.							ONLY
First Name:							ONLI
Account Number			Additional A	ccount Number	r (Where Appli	icable)	
Additional Accou	nt Number (Where Appl	icable)	Additional A	ccount Number	r (Where Appli	icable)	
Customer ID:		National Identity N	lo (NIN):	*Gender:			
				Male	Female		
Title:					7		
Лr. Mrs.	Miss. Ms.	Dr. Prof.	Others				
Marital Status:		$\neg$	e of Birth		_	*Nationalit	y:
Single	Married	Widow	D M M	YY	Y		
Widower	Divorced	Separated *State	e of Origin:		*LGA of	Origin:	
 Residential Addre							
residential /taur							
LGA of Residence	<u>.</u>	*5	State of Residence:		La	ndmarks:	
hone Number 1:			Phone	Number 2:			
-mail Address:				Location of C	ollection:		
pecial Needs:	If Yes Ple	ease Explain:					
YES	NO NO						
greement Clauses agree to submit my Bio om time to time.		ank as may be required for a	iccount opening, maintenan	ce and operation po	urposes, to enha	nce the security o	f my account and transactions
understand that a Bio	e bank to securely store and ometric is a unique physiolog ve information is true and co	ical data such as fingerprint:	s, iris and hand scans or face	and voice recogniti		tively identify a po	rticular person.
						Signature/I	Date:
	BANK ON	ILY			ENROLN	MENT TICKE	r ID
Verified By:							
Name <sup>1</sup>	Address <sup>2</sup>	E-mail Address	Telephone	Account linkage	Others (Specify	v)	
	or Newspaper publication		Humber	ппкаде	(Specify		
arriage Certificate &							

The bank shall not be liable for breaches/disclosures that may occur if it is compelled by law or regulation to disclose customer biometrics data to third parties. However, the Bank shall exercise due care to ensure that the customers biometrics data is secure and protected

<sup>&</sup>lt;sup>2</sup>Utility Bill Required

Disclaimer Clause