

Individual Account Opening Form

BUSINESS OFFICE: ACCOUNT NUMBER: BANK VERIFICATION NO:

Category of Account (Please tick appropriately) Complete all relevant portions of the Account opening application form in BLOCK LETTERS

Individual Account Joint Account Other Types Please Specify

Account(s) Type Required (Please tick appropriately)

Current Account Savings Account Kiddies Account Teens Account NGR USD EUR GBP CFA YEN Home Account NextGen Account Bumper Account Target Account Others Please Specify

PASSPORT PHOTOGRAPH

Print your First, Middle & Last Name at the back of passport

Personal Information (Please complete in BLOCK LETTERS and tick where necessary)

Title Surname First Name Middle Name Date of Birth: Gender: Male Female Marital Status: Single Married Others Please Specify Spouse's Name: (if Married) Mother's Maiden Name: State of Origin: Local Government Area: (for the hometown) Country of Birth: Religion: Nationality (for non Nigerian) Tax Identification Number: (if available) Residents' Permit Issuance No.: Issue Date: Expiry Date: Purpose of Account:

Contact Details

E-mail: Phone No.: country code Phone No.: country code Residential/Contact Address: Plot/House Number Street Name City/Town Nearest Bus stop/Landmark: Local Govt. Area: State: Mailing Address: Social Media Channel: Facebook Twitter Instagram Others

Valid Means of Identification

National ID Driver's License International Passport INEC Voters' Card *Others: Issue Date: Expiry Date: ID No.: Place of Issue:

Signatory Personal Information Form (if different from above)

Title Surname First Name Middle Name Date of Birth: Gender: Male Female Marital Status: Single Married Others Please Specify Mother's Maiden Name: Nature of Relationship: Father Mother Guardian Sponsor State of Origin: Local Govt. Area: (for the hometown) E-mail: Social Media Channel: Facebook Twitter Instagram Others Do you have residency or are a citizen of a country other than Nigeria? Y N If yes, which country?

Means of Identification: ID No.: Issue Date: Expiry Date: Biometric ID No.: Profession: Status Job/ Title: Resident's Permit Issuance No: Issue Date: Expiry Date: Residential/Contact Address: Plot/House Number Street Name City/Town Nearest Bus Stop/Landmark: State: Local Govt. Area: Office Phone: country code Mobile phone: country code

Details of Next of Kin

Title Surname First Name Middle Name Date of Birth: Gender: Male Female Nature of Relationship:

Contact Details

Plot/House Number Street Name City/Town Nearest Bus Stop/Landmark: State: Local Govt. Area: Office Phone: country code Mobile phone: country code

Details of Next of Kin For Second Signatory

Title Surname First Name Middle Name Date of Birth: Gender: Male Female Nature of Relationship:

Contact Details

Plot/House Number Street Name City/Town Nearest Bus Stop/Landmark: State: Local Govt. Area: Office Phone: country code Mobile phone: country code

Employment Details

Please tick appropriate segment and sub segment below that best suit your status

<input type="checkbox"/> Self Employed	<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Diaspora	<input type="checkbox"/> Expatriate	<input type="checkbox"/> Dependant
<input type="checkbox"/> Entrepreneur	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Tertiary	<input type="checkbox"/> Professional Service Provider/Firm	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Secondary	<input type="checkbox"/> Entertainer	
<input type="checkbox"/> Others _____	Date of Employment (if employed): <input type="text"/>						

Employer's Name: _____

Employer's/Employment Address: _____
Plot/House Number Street Name City/Town

Nearest Bus Stop/Landmark: _____ State: _____ Local Govt. Area: _____

Nature of Business/Occupation: _____ Sector/Industry: _____

Office Number: country code Fax No.: country code

Direct Debit Mandate

Account Name: _____

Account No.: With the sum of N

Amount in words: _____

Frequency of debit: Weekly ☐ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annual ☐

Commencement date:

Account(s) with Other Banks in Nigeria

Bank Name: _____	Bank Name: _____	Bank Name: _____
Account Name: _____	Account Name: _____	Account Name: _____
Account No.: <input type="text"/>	Account No.: <input type="text"/>	Account No.: <input type="text"/>

Account Mandate(s)

Account Name:

Account No.:

Mandate Authorisation/Combination Rule

<div>Passport Photograph</div> <div>Print your First, Middle & Last Name at the back of passport</div>	<div>SPECIMEN SIGNATURE</div>	Mandate authorization/ combination rule <small>(Please tick appropriately):</small>	Sole Signatory <input type="checkbox"/>	Either to sign <input type="checkbox"/>	Both to sign <input type="checkbox"/>
		Surname: _____			
		First Name: _____			
		Other Names: _____			
		Class of signatory _____			
		Identification Type: _____			
		Identification No.: _____			

Account Service(s) Required

SMS Alert ☐ Email Alert ☐ Cheque Book ☐ e-statement ☐ Debit Card ☐ Prepaid Card ☐ Preferred Name on Card

e-statement Frequency (Please tick appropriately) Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐

Electronic Banking Preferences (Please tick appropriately)

*Internet Banking ☐ UBA Mobile Banking ☐ Preferred User ID (option 1) Preferred User ID (option 1)

*Preferred User ID (option 1) refers to your login name to <https://ibank.ubagroup.com>
it should not be more than 10 alphanumeric characters. Note: The bank may assign you a User ID where your specified preferences are not available.
Charges: Enrolment for these services is **FREE**. Access charges and other applicable charges may be levied for funds transfer and specific transactions. Please refer to the website <https://bank.ubagroup.com> for further information

JURAT - To be adopted for illiterates, and the blind

I 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	
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Name of interpreter: _____

Address of interpreter: _____

Language of interpretation: _____

Office Number: country code Date:

Accounts Operation**Cheque Confirmation**

You are required to confirm in writing to United Bank for Africa Plc, all cheques of N250,000.00 and above before such cheques are presented for payment over the counter and N500,000.00 and above via clearing. This policy was adopted to further safeguard your account from fraudulent practices. However if confirmation is not required for your payments, kindly sign the indemnity below.

Indemnity where confirmation is not required.

I hereby instruct United Bank for Africa Plc to pay all cheques duly signed by me/us without further confirmation

Authorized Signatory

Authorized Signatory

Declaration**CONFIRMATION INFORMATION**

I/We hereby apply for the opening of an account or accounts with _____ UBA Plc. I/We understand that the information given herein and the documents presented are the basis for opening such account(s) and hereby warrant that such information is correct.

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

By signing this document you have agreed to the general, electronic banking and general data protection regulation (GDPR) terms and conditions for account opening contained on our website www.ubagroup.com

Surname: _____

Surname: _____

Other Names: _____

Other Names: _____

Authorized Signatory

Authorized Signatory