

## Agent Onboarding Form



Branch Name:	SOL ID:
Agent's Personal D	Complete all relevant portions of the Account opening application form in BLOCK LETTERS
 Title	Surname First Name
Date of Birth:	D M M Y Y Gender: Male Female
Home Address: —	
Office Phone: (	Mobile Phone: ( ) Country code country code
Agent's Business D	etails etails
Business Name: —	Nature of Business: ———————————————————————————————————
Business Address: —	
State: ———	LGA:
Date Business Comm	
	country code
Email: ————	GPS: <u>N:</u> <u>E:</u>
Account Number:	BVN:
Tax Indentification No	umber: ailable)
Authorised	Signatory Date: DDMMYY  Authorised Signatory Date: DDMMYY
UBA Moni Agent C	hecklist
Does the customer h	ave a data enabled phone? Yes No
Have you verified the customer's business location?  Yes No	
How much is the cus	tomer willing to invest as initial capital?
Preferred Channel: Mobile Web POS USSD	
Minimum Monthly Tr	ansactions: —————
Account Number (SB	AGT):
Authorization	
I confirm that the inf	formation provided on this form is true
	Authorised Signatory
Verified by:	Name Date
	Authorised Signatory
Authorized by: ——	D D M M Y Y

Date

Name