

# Bank Verification Number Enrolment Form

Please provide the necessary information (Fields marked with \* are compulsory)

Date:    Title\*:  Surname: \_\_\_\_\_

Name\*: \_\_\_\_\_ Account No\*.:    
First Name Other Names

Branch of Card Pick-up: \_\_\_\_\_ Type of Account : Personal Account  Salary Account

ID Type: National ID  International Passport  Driver's License  Voter's Card

Others: \_\_\_\_\_ ID Card No.: \_\_\_\_\_ Date of Birth:      
(please specify)

Gender\* : Male  Female  Nationality\*: \_\_\_\_\_ State of Origin\*: \_\_\_\_\_

LGA of Origin\*: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Marital Status\*: \_\_\_\_\_

Residential Address\*: \_\_\_\_\_   
 \_\_\_\_\_ State of Residence\*: \_\_\_\_\_

LGA of Residence\*: \_\_\_\_\_ Primary Phone No\*.:

Secondary Phone No\*.:  E-mail Address: \_\_\_\_\_

\_\_\_\_\_ Profession/Occupation: \_\_\_\_\_

Customer Classification\* : Expatriate  High Net-worth Individual  Non-Resident Nigerian  Other Individual

BBM PIN:  Facebook ID: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Other Language: \_\_\_\_\_

Special Needs : Yes  No  If yes, please explain : \_\_\_\_\_

**Agreement Clauses**

I agree to submit my Biometric information to the bank as may be required for account opening, maintenance and operational purposes, to enhance the security of my account and transactions from time to time  
 I give permission for the bank to securely store and transmit this Biometric data for the purposes of operating my bank account.  
 I understand that a Biometric is a unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a particular person.

**Disclaimer Clause**

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

**Attestation**

I hereby attest that the above information is true and complete

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use**

Customer ID: \_\_\_\_\_ Enrolment Ticket ID: \_\_\_\_\_

Location of Capture: \_\_\_\_\_

Enrolment Officer: \_\_\_\_\_ Operations Head: \_\_\_\_\_   
Signature/Date Signature/Date