



# TRINITY FINANCIAL SERVICES LIMITED

## INDIVIDUAL ACCOUNT OPENING FORM

CATEGORY OF ACCOUNT (TICK AS APPROPRIATE) INDIVIDUAL ☐ JOINT ☐

TITLE:	FIRST NAME:
MIDDLE NAME:	LAST NAME:
RELIGION:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH: (dd/mm/yy)	PLACE/COUNTRY OF BIRTH:
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHERS	
STATE OF ORIGIN (Nigerian only):	LGA:
MOTHER'S MAIDEN NAME:	
RESIDENTIAL ADDRESS:	
MAILING ADDRESS:	
DATE OF ENTRY INTO PRESENT RESIDENCE:	
COUNTRY OF RESIDENCE:	NATIONALITY:
RESIDENT INDICATOR: <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
DO YOU CARRY OTHER COUNTRY'S PASSPORT OTHER THAN NIGERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, state the country	

RESIDENT PERMIT NUMBER:				
PERMIT ISSUE DATE: (dd/mm/yy)	PERMIT EXPIRY DATE: (dd/mm/yy)			
MOBILE NUMBER:	CITY CODE:	COUNTRY CODE:		
LANDLINE:	CITY CODE:	COUNTRY CODE:		
PERSONAL EMAIL ADDRESS:				
ID TYPE: <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> INEC VOTER'S CARD <input type="checkbox"/> OTHERS				
ID NUMBER:	ISSUE DATE	EXPIRY DATE	PLACE OF ISSUE	TAX ID NUMBER

## JOINT ACCOUNT HOLDER

NAME OF ACCOUNT				
RELATIONSHIP WITH JOINT ACCOUNT HOLDER				
NAME OF JOINT ACCOUNT HOLDER				
DATE OF BIRTH (dd/mm/yy)	PLACE /COUNTRY OF BIRTH			
RESIDENTIAL ADDRESS				
MARITAL STATUS : <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
COUNTRY OF RESIDENCE				
NATIONALITY				
MOBILE PHONE	CITY CODE	COUNTRY CODE		
LANDLINE PHONE	CITY CODE	COUNTRY CODE		
PERSONAL EMAIL ADDRESS				
ID TYPE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> INEC VOTERS CARD <input type="checkbox"/> OTHERS				
ID NUMBER	ISSUE DATE	EXPIRY DATE	PLACE OF ISSUE	TAX ID NUMBER

## EMPLOYMENT DETAILS

LEVEL OF QUALIFICATION	
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OTHERS	
OCCUPATION/EMPLOYMENT SEGMENT	APPOINTMENT DATE
COMPANY NAME	
COMPANY/OFFICE ADDRESS	
OFFICIAL TELEPHONE NUMBER	
FAX NUMBER	
OFFICE EMAIL ADDRESS	
OFFICIAL WEBSITE ADDRESS	
ANNUAL AVERAGE INCOME <input type="checkbox"/> LESS THAN N10M <input type="checkbox"/> N10-50M <input type="checkbox"/> 50M AND ABOVE	
SOURCE OF INVESTMENT FUND <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHERS	
PURPOSE OF INVESTMENT	

## BANK ACCOUNT DETAILS

BANK NAME	BRANCH
ACCOUNT NAME	ACCOUNT NUMBER
BANK VERIFICATION NUMBER	

## NEXT OF KIN DETAILS

TITLE	FIRST NAME	
MIDDLE NAME	LAST NAME	
DATE OF BIRTH	NATIONALITY	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RELATIONSHIP	<input type="checkbox"/> PARENT	<input type="checkbox"/> CHILD	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHERS
EMAIL	TELEPHONE CONTACT			
CONTACT ADDRESS OF NEXT OF KIN				

ACCOUNT SERVICE (S) REQUIRED (PLEASE TICK ☒ APPLICABLE OPTION BELOW)

Debit Card ☐ Mobile/Internet Banking ☐

#### QUESTIONNAIRE

HAVE YOU OCCUPIED ANY POLITICAL POSITION? ☐ YES ☐ NO

IF YES, PLEASE STATE THE MOST RECENT POLITICAL POSITION  
OCCUPIED \_\_\_\_\_

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_

HAS ANY OF YOUR CLOSE RELATIVES/ASSOCIATES OCCUPIED A POLITICAL POSITION ☐ YES ☐ NO

IF YES, PLEASE STATE THE NAMES AND YOUR RELATIONSHIP WITH SUCH PERSONS BELOW

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_

#### ATTESTATION

I/WE ATTEST ALL INFORMATION PROVIDED HEREIN IS ACCURATE AND WOULD NOTIFY YOU TO UPDATE MY/OUR RECORDS WHERE ANY CHANGES OCCURS

\_\_\_\_\_  
NAME, SIGNATURE AND DATE

\_\_\_\_\_  
NAME, SIGNATURE AND DATE

#### FOR OFFICIAL PURPOSE ONLY

##### DOCUMENTATION CHECKLIST

1 COMPLETED ACCOUNT OPENING FORM <input type="checkbox"/>	5 PROOF OF ADDRESS (e.g. COPY OF RECENT UTILITY BILL) <input type="checkbox"/>
2 STANDARD TERMS AND CONDITIONS <input type="checkbox"/>	6 RESIDENT PERMIT (FRO NON-NIGERIANS) <input type="checkbox"/>
3 PASSPORT PHOTOGRAPHS <input type="checkbox"/>	7 BIRTH CERTIFICATION (for minors only) <input type="checkbox"/>
4 MEANS OF IDENTIFICATION <input type="checkbox"/>	8 SAFE WATCH LIST REPORT <input type="checkbox"/>
	9 KYC <input type="checkbox"/>

DOCUMENTS STATUS	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE
RISK RATING	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH
ACCOUNT OPENING AUTHORISED BY		
DATE		
CSCS NUMBER	ACCOUNT NUMBER	

#### Official Use Only

Verified By (Full Name) \_\_\_\_\_

Signature \_\_\_\_\_

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

Reviewed By (Full Name) \_\_\_\_\_

Signature \_\_\_\_\_

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

Approved By (Full Name) \_\_\_\_\_

Signature \_\_\_\_\_

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