



# 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	APPOINTMENT DATE
OCCUPATION/EMPLOYMENT SEGMENT	
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: