

# Account Opening Form- Individual Form A (Tier 3)



**Category of Account**  
(Tick as appropriate)

Single Account  Joint Account

**Customer Type:**

Walk-in  Marketed

**Account Type:**  
(Tick as appropriate)

Current  Savings  Deposit Account  Domiciliary Account

\$	€	¥	£	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others:  \_\_\_\_\_  
(Please specify)

This form should be completed in CAPITAL LETTERS.

Characters and marks should be similar in style to the following: A B C

Branch:

Account No.:   
(for official use only)

Bank Verification ID No:

Please affix passport photo

## Personal Information

Title:   
(Please Specify)

Surname:

First Name:

Other Name:

Marital Status: Single  Married  Others:  Gender: Male  Female   
(Please tick 'v' as appropriate) (Please specify)

Country of Birth:  Date of Birth:     
Day Month Year

Mother's Maiden Name:

Educational Level: O-level  Undergraduate  Graduate  Postgraduate

Name of First Child:

First Child's Date of Birth:    Place of Birth:   
Day Month Year

L.G.A of Origin:  State of Origin:   
(Nigerians only) (Nigerians only)

Tax Identification No:  Religion:   
(If available)

Purpose of Account:

Nationality: Nigerian  Others  (Please specify) \_\_\_\_\_

Resident Permit No:  Permit Issue Date:     
(for non-Nigerians) (for non-Nigerians) Day Month Year

Permit Expiry Date:     
(for non-Nigerians) Day Month Year

Do you have residency or citizenship of any other country? Yes  No  If yes, which country: \_\_\_\_\_

Social Security No.:

## Contact Details

**Residential Address:**

House/Plot Number:  Street Name:

Nearest Bus Stop/Landmark:

City/Town:

L.G.A.:

State:

**Mailing Address:**

(If different from the Residential Address)

Mobile No:

Phone No:

E-mail Address:

**Means of Identification**

National ID Card:  National Driver's License:  International Passport:  Permanent INEC Voter's Card

**Others:**

(Please Specify)

ID No.:

Date Issued:

Day  Month  Year

Expiry Date:

Day  Month  Year

**Account Service(s) Required (Please tick applicable option below)**

Internet Banking  E-mail Statement  Naira Debit Card  Dollar Debit  Dollar Credit

SMS Alert  E-mail Alert  Mobile Money  Token   
(Charges apply)

\* Kindly note that your account will be debited with a regulated fee as cost for your Debit Naira Card once you are provided with a card.

\* Checked e-banking services are provided automatically when the account is opened (3rd party transfers on e-channel will require a token)

Statement Preferences: Email  Collection at Branch  Statement Frequency: Monthly  Quarterly  Semi-Annually  Annually

Cheque Book Requisition: Crossed Cheque  25 Leave  50 Leaves  100 Leaves  200 Leaves   
(Fees applies)

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes  No

Cheque Confirmation Threshold: If the answer to the above is yes, Please specify the threshold

\* Minimum confirmation threshold is currently N500,000.00

**Employment Details**

Employment Status: Employed  Self-employed  Unemployed  Retired  Student

**Others:**

(Please Specify)

Date of Employment (If employed)

Day  Month  Year

Annual Salary/Expected Annual Income

Annual Salary (a) Less than N50,000  (b) N51,000 - N250,000  (c) N251,000 - N500,000  (d) N501,000 - Less than N1 million

(e) N1 million - Less than N5 million  (f) N5 million - Less than N10 million  (g) N10 million - Less than N20 million

(h) N20 million -Less than N100 million  (I)Above 100 million

Business/Employer's Name:

Business/Employer's Address:

Office/Plot Number:  Street Name:

Nearest Bus Stop/Landmark:

City/Town:

L.G.A.:

State:

Nature of Business/ Occupation:

Office Phone No:

Fax No:





**Signatory B**

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Other Name(s): \_\_\_\_\_  
Class of Signatory: \_\_\_\_\_  
Identification Type: \_\_\_\_\_  
BVN: \_\_\_\_\_  
Identification No: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Signature & Date: \_\_\_\_\_

**Signatory C**

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Other Name(s): \_\_\_\_\_  
Class of Signatory: \_\_\_\_\_  
Identification Type: \_\_\_\_\_  
BVN: \_\_\_\_\_  
Identification No: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Signature & Date: \_\_\_\_\_

**Declaration**

I/We \_\_\_\_\_  
hereby apply for the opening of an account with Omoluabi Mortgage Bank Plc. I/We understand that the information given herein and the documents supplied are the basis for opening such account and I/We therefore warrant that such information is correct.  
i/We have read the terms and conditions and conditions governing the operations of the account which are presented overleaf and agree to be bound by them.

1. \_\_\_\_\_  
Name Signature

Day	Month	Year			

2. \_\_\_\_\_  
Name Signature

Day	Month	Year			

