

OMOLUABI SAVINGS AND LOANS PLC OSHOGBO, OSUN STATE.

'KNOW YOUR CUSTOMER' FORM (KYC).

Date:	Branch	A/C No:
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Name:	Nationality:
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Address (Office):	Telephone:
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Address (Home):	E-mail Address:
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Brief Description:

Nearest Bus Stop:

Occupation/ Line of Business

Who introduced you to the bank?

Profession /Occupation

Name of Company

Self Employed? Yes No Job Title Annual Income/Business Turn Over

ADDITIONAL INFORMATION
Type and source of funds to the Account (tick appropriate)

Cheque Cash TT Remittance

OTHER THAN INCOME FROM YOUR OCCUPATION, PLEASE TELL US ANY OTHER SOURCE OF INCOME EARNED BY YOU.
INVESTMENT DIRECTOR'S FEES DIVIDEND

PEP Category (Define role)

Management (Name, Signature & Date)

I confirm that the above information is confirmed by me.

Account Officer (Name, Signature & Date:

Manager (Name, Signature & Date: