



PERSONAL INFORMATION

Current Name

TitleSurnameFirst nameOther name

Nationality

(For Non-Nigerians)

Resident Permit No

Permit Issue Date

DDMMYYYY

Permit Expiry Date

DDMMYYYY

Tax Identification Number (TIN)

XXXXXXXXXX

BVN NO

XXXXXXXXXX

Date of Birth

DDMMYYYY

Place of Birth

NIN NO

XXXXXXXXXX

State of OriginLGA

ReligionMother's Maiden Name

Sex

MaleFemale

Marital Status

SingleMarriedSeperatedDivorcedWidowed

Valid Means of Identification

National ID CardDriver's LicenseInternational PassportVoters CardOthers (please specify)

ID No

XXXXXXXXXX

ID IssueDate

DDMMYYYY

ID Expiry Date

DDMMYYYY

Provide proof of address and latest utility bills e.g. Electricity bill, waste bill, Tenancy agreement etc

Affix Passport Photograph Here

CONTACT DETAILS

Permanent

Address (No/Street/Road/Close)

Nearest Bus Stop/Landmark

CityStateLGA

Residential

Address (No/Street/Road/Close)

Nearest Bus Stop/Landmark

CityStateLGA

Private E-mail

Office E-mail

Mobile Phone

Home Phone

EMPLOYMENT DETAILS

EmployedSelf EmployedUnemployedStudentOthers (please specify)

Date of Employment

DDMMYYYY

Annual Salary

(a) Less than ₦50,000(b) ₦51,000 - ₦250,000(c.) ₦501,000 - Less than ₦1 million(d) ₦1million - Less than ₦5 million(f) ₦5million - Less than ₦10 million(g) ₦10million - Less than ₦20 million(h) Above ₦20 million

Employer's Name

Address (No/Street/Road/Close)

Nearest Bus Stop/Landmark

CityStateLGA

Nature of Business/Occupation

Office Phone(s)

Fax No

Sources of Fund

Salary

Business

Trading

Rent on Property

NEXT OF KIN

Name

TitleSurnameFirst nameOther name

Sex

MaleFemaleSingleMarriedSeperatedDivorcedWidowed

Date of Birth

DDMMYYYY

Address (No/Street/Road/Close)

Nearest Bus Stop/Landmark

Email Address

Relationship

CityStateLGA

Mobile Phone

Home Phone



DECLARATIONS

I/We hereby apply for the opening of account(s) with CFS Financial Services Limited. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify CFS Financial Services Ltd for any loss suffered as a result of any false information or error in the information provided to CFS Financial Services Ltd.

1. Name..... Signature..... Date.....

1. Name..... Signature..... Date.....

For Official Use Only

REQUIREMENT CHECKLIST

Individual Account

	CHECKED	DEFERRED	WAIVED
Duly completed account opening form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent passport photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of identity: International passport, Driver's license, National ID card, Voters Card (original copy required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident Permit (for non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Address: Utility bills etc (original copy required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter from Employer/School/NYSC (for salary accounts and students only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Joint Account/Other Types of Account

	CHECKED	DEFERRED	WAIVED
Duly completed account opening form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) recent passport photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) independent and satisfactory references	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of identity: International passport, Driver's license, National ID card, Voters Card (original copy required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident Permit (for non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Address: Utility bills etc (original copy required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter from Employer/School/NYSC (for salary accounts and students only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other document provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUTHENTICATION FOR FINANCIAL INCLUSION

(a) Is the customer socially or financially disadvantaged? Yes ☐ No ☐

(b) If answer to the above is yes, state other document obtained in line with Financial Institution policy on socially/financially disadvantaged customer in compliance with Regulation 77(4) of AML/CFT Regulation, 2013.

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(c) Is the customer socially or financially disadvantaged? Yes ☐ No ☐

(d) If answer to the above question is yes, identify the customer risk category Low Risk ☐ Medium Risk ☐ Medium Risk ☐

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the applicant a Politically Exposed Person? Yes ☐ No ☐



Name

**DEFERRAL/WAIVER OF DOCUMENT
(IF ANY) AUTHORISED BY:**

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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**ADDRESS VERIFICATION
CARRIED OUT BY:**

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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COMMENT(S) Address description and resulting finding):

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**ACCOUNT OPENING AUTHORISED/
APPROVED BY:**

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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CUSTOMER INTRODUCED BY:

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ACCOUNT INFORMATION

Account Category

Individual ☐ Joint ☐

Other ☐

Product Type

Lease Borrowing Note ☐

Borrowing Appreciation Note ☐

Project Target Plan ☐

Education Investment Plan ☐

Personal Loan ☐

Working Capital ☐

Invoice Discounting/LPO ☐

Finance Lease ☐

Sales and Lease Back ☐

Other ☐

Specify:

ACCOUNT NO

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BRANCH

ACCOUNT OFFICER

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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LETTER OF SET-OFF

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.....
.....
Date:

To: CFS FINANCIAL SERVICES LIMITED

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LETTER OF SET-OFF

In consideration of your providing me financial and/or banking accommodation and other facilities, I agree that in addition to any general lien or similar right which you as a financial services company entitled by law, you may at any time without notice to me combine or consolidate all or any of your accounts, affiliate, subsidiary or sister company's accounts (whether or not in the same name) with liabilities to you and set-off or transfer any sum standing to the credit of any other be actual or contingent, primary or collateral and several or joint.

Dated this day of 20.....

In the presence of:

Name/Signature

Name/Signature



CONSENT TO DISCLOSE INFORMATION AND INDEMNITY

I.....
of.....am
aware that CFS Financial Services Limited is a member of a Credit Bureau Organizations (CBO's) and Credit Reference Agency (CRA) licensed by the Central Bank of Nigeria (CBN) to create, organize and manage database for the exchange and sharing of information on credit status and history of individuals and businesses. I am also aware that this information shall be used for business and other related purposes in line with relevant policy and regulations. As a member of CRA and/or CBO, the company is under obligation to disclose to CRA or CBO's credit information and any other confidential/personal information disclosed to it in the course of company-customer relationship with it, by submitting information to the bank (whether or not you proceed with the transaction):

- I agree that the company may collect, use and disclose such information to CRA or CBO's and that credit bureau may use the information for business and other related purposes as may from time to time be prescribed by relevant policy and regulations;
- I understand that information held about us/me by CRA or CBO's may already be linked to records relating to one or more of our/my partners or associates. I may be treated as financially linked and my application will be assessed with reference to any associated records. In addition for any joint application made by me with any other person(s), new financial association may be created at the CRA's or CBO's which will link our financial records;
- I hereby warrant that CFS Financial Services Limited is entitled to disclose information about me, any co-applicant or guarantor and/or anyone else referred to by me both orally and in writing, and to authorize you search and/or record such information at CRA or any CBO's about me and such co-applicant or guarantor or other person. I understand that an association will be created at the CRA and CBO's, which will link my financial records.
- I hereby agree to indemnify and hold the company relating to, or arising as a result of, the disclosure of information about me or such co-applicant or guarantor or other person or any use of such information by CRA's or any CBO's in compliance with the provisions of any CBN Guidelines and/or relevant statute;

Dated this..... day of 20

FOR INDIVIDUAL

Name: Signature

Name: Signature