

Contact Details

Resident Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: _____ State: _____

Mailing Address:

(If different from the Residential Address):

Mobile No.: Phone No.:

E-mail Address:

Means of Identification

Tertiary Institution ID Card Work or Company ID Card Association ID Card Other valid ID cards

Issuing Body:

Date Issued: Day Month Year Expiry Date: Day Month Year

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

Internet Banking E-mail Statement Email Alert Naira Debit Card SMS Alert
(Charges apply)

Token Mobile Money
(Charges apply)

The pre-checked boxes above are compulsory services as directed by the CBN. If you wish to opt out of these services, kindly request for an indemnity form.

- * Kindly note that your account will be debited with a fee of GBP2 (VAT inclusive) as cost for your Debit Naira MasterCard once the account is opened.
- * Please note that if you do not select any transaction alert option (i.e. SMS/Email), you will automatically be profited for email alert. If you do not have a registered email address, you will be profiled for SMS alert.
- * 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

Employment Details

Employment Status: Employed Self-Employed Unemployed Retired Student

Others Date of Employment: Day Month Year
(Please specify)

Annual Salary/Expected Annual Income (a) Less than GBP1,000 (b) GBP 5,000 - 100,000
(c) GBP 251,000 - GBP 500,000

Business/Employer's Name:

Office/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town:

Accounts held with other banks

S/N	Name and Address of Bank/Branch	Account Name	Account Number	Status: Active/Document
1				
2				
3				
4				

Credit Bureau:

The Customer acknowledges that the bank consults with various credit bureaus and reference agencies, and may be required to disclose the Customer's information to these credit bureaus for the purpose of conducting checks on the Customer. The Customer hereby irrevocably and unconditionally grants his/her/its consent to the Bank and expressly authorizes such disclosure of any or all information on his/her/its account(s)/transaction(s) with the Bank, to such credit bureau and reference

agencies whether based locally or abroad, including information on the Customer's Directors and other personnel, transactions and conduct on the Customer's account together with details of any non-payment or delayed payments as the Bank may deem necessary. The consent herein given discharges the Bank from all liabilities, claims, and damages for such disclosure made by the bank to any credit bureau pursuant to the consent herein granted.

Account Mandate

Signature (for mandate purposes), Please sign in black ink within the box.

Confirmation of Pending Litigation

Kindly indicate if there is any pending criminal or civil litigation in which you are a Party to:

Yes No Abstain

If yes, provide details _____

Privacy Policy

The bank takes your privacy seriously and only processes your personal information to make your banking experience better. In accordance with NDPR and other applicable regulations, signing below indicates your consent to the processing of your personal data by Sterling Charities Aid Foundation, its strategic partners/service providers, Sterling Charities Aid Foundation Holding company and its subsidiaries, as detailed in our Privacy Policy available

Signature _____

Date Day Month Year

Declaration

I _____ hereby apply for the opening of an account with Sterling Charities Aid Foundation. 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 governing the operations of the account which are presented overleaf and agree to be bound by them.

Name

Signature

<input type="text"/>				
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Day

Month

Year

Jurat (This should be adopted where the customer is not literate or is blind and the form is read to him or her by a third party)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over, explained by an interpreter and understand by me before appending my thumb print.

Mark of Customer /

Magistrate /
Thumbprint:

Commissioner for Oaths:

<input type="text"/>				
Day	Month	Year		

Address of Interpreter:

Mobile No.:

Tier 2 Account Operation