

# Account Opening Form - Individual

Form A (Tier 2)



Sterling Charities Aid  
Foundation Bank

This form should be completed in CAPITAL LETTERS.

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

Customer Category: Walk-in ☐ Marketed ☐

Branch:

ACCOUNT NO.:   
(for official use only)

Please Affix  
Passport Photo

## Personal Information

Title:  Surname:   
(Please specify)

First Name:

Other Name(s):

Marital status: Single ☐ Married ☐ Others:  Gender: Male ☐ Female ☐  
(Please tick '✓' as appropriate) (Please specify)

Country of Birth:  Date of Birth:  Day  Month  Year

Mother's Maiden Name:

Spouse's Name (if applicable):

Spouse Occupation:

Spouse Date of Birth:  Day  Month  Year

Educational Level: ☐ Undergraduate ☐ Graduate ☐ Postgraduate ☐

First Child's Date of Birth:  Day  Month  Year

Tax identification No:   
(If available)

Purpose of Account:

Nationality: British ☐ Others ☐ (Please specify)

Resident Permit No:  Permit Issue Date:  Day  Month  Year   
(For Non British) (For Non British)

Permit Expiry Date:  Day  Month  Year  Social Security No.:

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

Social Media: Facebook ☐ Twitter ☐ Instagram ☐ Others ☐ (Please specify)

Social Media Handle:

## Contact Details

Resident Address

[illegible][illegible]

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

**Mailing Address:**  
(If different from the Residential Address:)

[illegible][illegible][illegible]

### Means of Identification

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

[illegible]

Date Issued:    

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Day      Month                  Year

Expiry Date:    

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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 (Charges apply) ☐ Mobile Money ☐

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 automtotically when the account is opned (3rd party transfers on e-channnel will require a token)

<b>Statement Preferences:</b>	Email	Collection at Branch
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**Statement Frequency:**    Monthly ☐    Quarterly ☐    Semi-Annually ☐    Annually ☐

### Employment Details

Employment Status: Employed ☐ Self -Employed ☐ Unemployed ☐ Retired ☐ Student ☐

Others 

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 Date of Employment: 

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(Please specify) Day Month Year

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:**

[illegible][illegible]

City/Town:

State:

Nature of Business/  
Occupation:

Office Phone No.:

Sources of Fund to the Account: 1   
2

Expected Annual Income from other Sources:

Name of Associated Business(es) (If any): 1   
2   
3

Type of Business:

### Details of Next of Kin

(Must not be below 13 years of age)

Title:  Surname:   
(please specify)

First Name:

Other Name(s):

Date of Birth:            
Day Month Year

Gender: Male ☐ Female ☐

Relationship:

Mobile No.:  Office Telephone:

E-mail Address:

### Contact Details

House/Plot Number:  Street Name:

Nearest Bus Stop/Landmark:

City/Town:

State:  Country:

### Additional Details

Name of Beneficial Owner(s) if any:

Bank No.:

Mobile No.:  Phone No:

Employment Details:

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 thta 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 grant his/her/its consent to the Bank and expressly authorizes such disclosure of any or all information on his/her/its account(s)transactions(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 personnnel, 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 withNDPR 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.

_____	_____	<table><tr><td></td><td></td></tr><tr><td>Day</td><td></td></tr></table>			Day		<table><tr><td></td><td></td></tr><tr><td>Month</td><td></td></tr></table>			Month		<table><tr><td></td><td></td><td></td></tr><tr><td colspan="3">Year</td></tr></table>				Year		
Day																		
Month																		
Year																		
Name	Signature																	

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 understood by me before appending my thumb print.

Mark of Customer /

Magistrate /  
Thumbprint:

Commissioner for Oaths:

Day

Month

Year

Address of Interpreter:

Mobile No.:

Signature of Interpreter: