



# SEGMENTICO LIMITED

Suite 1, No 1B, Omorinre Johnson Close, Lekki Phase 1, Lagos

08080251358, 08075343677

## ACCOUNT OPENING FORM

Please Attach  
a Passport  
Photo

### DETAILS OF ACCOUNT HOLDERS

NAMES: \_\_\_\_\_  
SURNAME FIRST NAME MIDDLE NAME TITLE (Please Specify)

RELIGION: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS/OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE:NO \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DD/MM/YYYY

STATE OF ORIGIN: \_\_\_\_\_ : LOCAL GOVT. AREA: \_\_\_\_\_

MODE OF IDENTIFICATION: \_\_\_\_\_ IDENTIFICATION NUMBER: \_\_\_\_\_

BVN \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

NAME OF NEXT OF KIN: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS OF NEXT OF KIN: \_\_\_\_\_

NEXT OF KIN RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### FOR OFFICE USE

ACCOUNT NO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/DATE



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## KNOW YOUR CUSTOMER FORM

In line with the bank's account opening requirement, I hereby confirm and submit this customer visitation report.

Surname Name: \_\_\_\_\_ Others \_\_\_\_\_ Title: ----- Gender:-----

Account Name: ----- Account No-----Date Account Opened-----

Nationality: Nigerian/Others Marital Status: ..... Blood Group: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_ GSM \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

State of Origin: \_\_\_\_\_ Local Govt. Area(State of origin): \_\_\_\_\_

No. of Dependants: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Description of the building \_\_\_\_\_

Nearest Bus Stop to Customer's Address \_\_\_\_\_

Land Mark to confirmed Address (e.g The Turning beside Mobile/Mr. Biggs etc) \_\_\_\_\_

### Business Details:

Place of Employment/Business Address: \_\_\_\_\_

Name/Nature of Business \_\_\_\_\_

Monthly salary/income: \_\_\_\_\_

Other financial Institutions/: \_\_\_\_\_

Average monthly cash deposits into the bank: \_\_\_\_\_

Name & Address of Contact Person: \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Verifying Officer's Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_