



ACCOUNT OPENING APPLICATION FORM

FGMB SAVINGS ACCOUNT

Please indicate as appropriate:

FGMB REGULAR SAVINGS

FGMB BACK TO SCHOOL

Account Opening Check List (Please ensure all of the documents listed below are attached)

- Two recent passport photograph of each signatory (full face forward no glasses or head cover)
- Duly complete and signed Signature mandate card (form attached)
- Utility bill issued within the last three months
- Valid Identification for each signatory (International Passport, Driver's Licence, National ID, Permanent Voters Card)
- Valid resident permits (foreigners only)
- Marriage certificate (for joint applicants)

ALL ORIGINALS MUST BE SIGHTED.

Thank you for choosing to open an account with FGMB.

Please complete all the blank spaces and tick where appropriate. Where the information is not relevant to you please indicate N/A (Not Applicable)

When you have fully completed the form please return this form to any First Generation Mortgage Bank branch of your choice.

Remember we are online real time so you can operate your account from any of our branches

Name

Account No.

Signature / Date

Title Mr. Mrs. Miss Others

Surname:

First Name

Middle Name

Nationality

Date of Birth (dd/mm/yy)

Residential Address (Number, Street, Town, State)

DISTRICT

State of Origin

L.G.A.

Business/Occupation

Employer: Name and Address

Tax Identification Number

Approximate Annual Sal/Income (N)

Bank Verification Number

Mother's Maiden Name

Home Phone

Office phone/Fax

Mobile Phone

E-mail

Sex Male Female

Marital Status Married Single Others

If Married, Name of Spouse

Address & Phone

Test Question

Test Answer

Next of Kin Surname

Other Names

Other Names

Phone

Contact Address

I certify that the above information is true and correct

Signature & date

dd mm yy

Special instruction

Mailing Instruction Mail

E-mail

Hold

Mailing Address

Account with other Banks

Bank Name

Bank Name

Branch /Address

Branch /Address

Account Name

Account Name

Account Number

Account Number

Bank Verification Number

Bank Verification Number

Date Account Opened

Date Account Opened

Title Mr. Mrs. Miss. Others

Surname

Middle Name

First Name

Nationality

Date of Birth (dd/mm/yy)

Residential Address (Number, Street, Town, State)

DISTRICT

State of Origin L.G.A.

Business/Occupation

Employer: Name and Address

Tax Identification Number Approximate Annual Sal/Income (N)

Bank Verification Number

Mother's Maiden Name

Home Phone Office phone/Fax

Mobile Phone E-mail

Sex Male Female Marital Status Married Single Others

If Married, Name of Spouse

Address & Phone

Test Question Test Answer

Next of Kin Surname

Other Names

Other Names Phone

Contact Address

I certify that the above information is true and correct

Signature & date

dd mm yy

Special Instruction

