



	ERIFICATION NUMBER ENROLME	ENT FORM  Affix Passport
Surname:		Freedom
Middle Name:		Basic
		ONLY
First Name:		ONLI
Account Numb	er: Additional Accou	nt Number (Where Applicable)
dditional Acco	ount Number (Where Applicable)  Additional Accou	nt Number (Where Applicable)
ustomer ID:	National Identity No (NIN): *Ge	nder:
	Ma	le Female
itle:		
r. Mrs.	Miss. Ms. Dr. Prof. Others	
Marital Status:	*Date of Birth	*Nationality:
Single	Married Widow D D M M Y	YYY
Widower	Divorced Separated *State of Origin:	*LGA of Origin:
 esidential Ado		
esiaeiitiai ita	11000	
GA of Residen	rce: *State of Residence:	Landmarks:
one Number 1	1: Phone Num	nber 2:
mail Address:	Loi	cation of Collection:
pecial Needs:	If Yes Please Explain:	
YES	NO	
n time to time. ive permission for	ses Biometric information to the bank as may be required for account opening, maintenance and the bank to securely store and transmit this Biometric data for the purposes of operating my b Biometric is a unique physiological data such as fingerprints, iris and hand scans or face and v	bank account.
nereby attest the a	bove information is true and complete and equally authorize UBA to update my details accord	Signature/Date:
	BANK ONLY	ENROLMENT TICKET ID
Verified By:		
Name <sup>1</sup>	Address 2 E-mail Address number lin	count Others (Specify)
larriage Certificate tility Bill Required	e & or Newspaper publication	

**Disclaimer Clause** 

The bank shall not be liable for breaches/disclosures that may occur if it is compelled by law or regulation to disclose customer biometrics data to third parties. However, the Bank shall exercise due care to ensure that the customers biometrics data is secure and protected