



BANK VERIFICATION NUMBER ENROLMENT FORM Surname:						Affix Passport	
surname:		TTT				Freedom	
liddle Name:						Basic	
		T				ONLY	
rst Name:						OIVLI	
count Number:			Additio	onal Account Num	ber (Where Applicable)		
ditional Account N	umber (Where App	vlicable)	Additio	onal Account Num	ber (Where Applicable)		
stomer ID:		National Ident	ity No (NIN):	"Gender: Male	Female		
tle:							
. Mrs. A	Miss. Ms.		of. Others Date of Birth		*Natio	nality:	
Single	Married	Widow	D D M	MY	YY		
Widower	Divorced	Separated *	State of Origin:		*LGA of Origin:		
sidential Address:							
iA of Residence:			*State of Residence	e:	Landmarks:		
n Nigerian Res	sident						
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Sidential Addition							
-1			2-4-		Street Name:		
ate:			Code:		Street Name:		
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ouse Number:		Apai	rtment Number:	(Where Applic	eable)		
one Number 1:				Phone Number 2:			
nail Address:				Location	of Collection:		
ecial Needs:		lease Explain:					
YES	NO						
time to time. ve permission for the bar	nk to securely store an	d transmit this Biometric	data for the purposes of	operating my bank acc		urity of my account and transactions  ify a particular person.	
			thorize UBA to update my		· · · · · · · · · · · · · · · · · · ·	,, ., ., ., ., ., ., ., ., ., ., ., ., .	
					Signa	ture/Date:	
	BANK C	NLY			ENROLMENT TI	CKET ID	
Verified By:							
Name <sup>1</sup>	Address <sup>2</sup>	E-mail Address	Telephone number	Account linkage	Others (Specify)		
rriage Certificate & or N	lewspaper publication	on .					
lity Bill Required							
claimer Clause bank shall not be liable to ensure that the custo			compelled by law or regul	ation to disclose custo	mer biometrics data to third par	ties. However, the Bank shall exercise due	