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| <input type="checkbox"/> BetaPlus Hire Purchase | <input type="checkbox"/> BetaPlus Asset Financing | <input type="checkbox"/> BetaPlus Forfeiting Lines |
| <input type="checkbox"/> BetaPlus Co-financing Loan Syndication | <input type="checkbox"/> BetaPlus Invoicing/Cheque/Bill Discounting | <input type="checkbox"/> BetaPlus Leasing |
| <input type="checkbox"/> BetaPlus Salary Advance & Personal Loans | <input type="checkbox"/> BetaPlus Business Loans & Bail Out Services | <input type="checkbox"/> BetaPlus Short Term Loans |
| <input type="checkbox"/> BetaPlus Export Financing | <input type="checkbox"/> BetaPlus LPO Financing | <input type="checkbox"/> BetaPlus Agric Investments |
| <input type="checkbox"/> BetaPlus Import Financing | <input type="checkbox"/> BetaPlus Agric Loans | <input type="checkbox"/> BetaPlus Infrastructure Financing |
| <input type="checkbox"/> BetaPlus Project Financing and Management | <input type="checkbox"/> BetaPlus Factoring Lines | <input type="checkbox"/> BetaPlus Credit Advisory |

Please complete in block letters

PERSONAL INFORMATION

Title:

Mr Mrs Miss Others

First name:

Middle name:

Last name:

Date of birth (dd/mm/yy):

Gender: Male

Female

PERSONAL IDENTIFICATION

Document type: National ID Int'l Passport Driver's licence other (specify)

Identification number: Place of issuance: Country issued:

Date issued (dd/mm/yy): Expiry date (dd/mm/yy):

Tax Identification number (TIN):

Marital Status: Single Married Divorced Widowed

Telephone (Country code – area code- phone number):

Telephone (home): Telephone (work): Telephone (mobile):

Send statement via email (email address):

CURRENT RESIDENTIAL ADDRESS

House Address:

L.G.A.:

City/Town:

State:

Country:

Living at current address (dd/mm/yy):

To

Postal address:

LGA:

City/Town:

State:

Country:

EMPLOYMENT STATUS

Contract Full-time Self-employed Retired Private Practice

Occupation:

Gross monthly income NGN: Net monthly income NGN:

NEXT OF KIN

Title: First name: Middle name: Last name:

Telephone (Home): (Work) (Mobile)

Address:

CUSTOMER DECLARATION AND ACCEPTANCE

I confirm that the details provided above and in any attached documents are a true reflection of my personal, employment and other details. I consent to the company making enquiries about my credit record(s) with credit reference agency and other party to confirm any of all information provided by me.

I agree that all monthly fees, transactional charges and standing order commitments will be paid as at when due; and should I default on my account, I consent to the use of any credit balance which is due and payable in my accounts to set-off any amount owed.

I further confirm that the general terms and conditions have been explained to me, and I agree to be bound by them and that I am able to afford the payments arising from the product obligation.

Signature: _____ Date (dd/mm/yy) _____

FOR OFFICIAL USE ONLY:

This is to certify that:

_____ was visited on (dd/mm/yy) _____ and hereby confirm that it is the home address of _____ who wish to operate an individual account with us:

Description of the address:

Relationship officer: _____ SAP ID: _____

Signature: _____ Date (dd/mm/yy) _____

INDIVIDUAL ACCOUNT OPENING CHECKLIST

Requirements for opening individual Accounts:

- Completed Application Form
- 2 Passport Photograph
- Copy of means of Identification
- Copy of Utility bill