BIC KNOW YOUR CUSTOMER FORM

FORM LAST COMPLETED IN (MM/YR)_____

IDENTITY DETAILS

FOR INDIVIDUALS

Title: Fore Name(s):		Surname:
Date of Birth:	National ID / Passport NoNationality:	
ADDRESS AND CON	ITACT DETAILS	
Postal Address:		
Physical Address:.		
Village / Town / City:		Country:
Duration of stay :		if >2 years give previous Country of residence
Telephone:	Mobile:	Email Address:
Employer:		Place of Work:
Occupation:		Work Telephone No:
BANKING DETAILS		
Bank Name:	Branch:	Account Number:
Account Name:		Account Type:
Source of Funds:		State nature of business if funds recieved from sources other than salary:
In accordance with the - Identification - Source of function - Proof of Additional letter from each	e Financial Intelligence Regulation document e.g. certified copy conds/proof of income or employ dress eg: latest of either telephor mployer.	ne bill, electricity bill, water bill or lease agreement, affidavit or tribal authority letter or of that other personand authority to act on behalf of the other person.
•	n, immediately. In case any of the	DECLARATION The and correct for the best of my knowledge and belief and I undertake to inform you above information is found to be false or untrue or misleading or misrepresenting, I
Full Name:		-
Date	Place	Signature