



Account Opening Form (Individual)

DATA PRIVACY NOTICE

Globus Bank Limited of Plot 722 Akinbo Savage, Victoria Island, Lagos State, Nigeria, is a data controller under the Nigeria Data Protection Act 2023 and Nigeria Data Protection Regulation.

Globus Bank Limited will process the information you provide online or on the account opening forms (individual or corporate), as well as data obtained from other legitimate sources in accordance with our Privacy Policy: <https://www.globusbank.com/PrivacyPolicy.html>.

We will use your information to:

- Create and manage your account.
- Provide, communicate, and administer our services and events, including sending promotional materials, newsletters, and other marketing communications.
- Offer customer support and maintain our relationship with you.
- Verify your identity and protect against fraud, unauthorized transactions, and other unlawful activities.

For a full list of purposes and legal bases for processing, please refer to our **Privacy Policy on our website at www.globusbank.com**.

We may share information about you and your transactions as permitted by law for purposes such as national security and improving our services. However, your personal information will not be shared with third parties for their marketing purposes. We may also disclose your information if necessary to enforce our terms and conditions or protect our operations and users.

In the event of a reorganization, merger, or sale, we may transfer your personal information to the relevant data controller. If any data transfers involve recipients outside Nigeria, we will take appropriate measures to ensure compliance with the applicable data protection laws.

For any questions, comments, or requests regarding data privacy, please contact our Data Protection Officer:

Email: dpo@globusbank.com
Tel: 02014661000, 02012259000

Checklist (Bank use only)

		Checked	Deferred	Waived	N/A		Checked	Deferred	Waived	N/A	
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	Resident Permit (non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	Proof of Address (original or true certified copy acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Two (2) recent passport-sized photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	Letter from employment/School/NYSC (for salary and students' account only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proof of identity (original must be sighted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	Two (2) independent and satisfactory references (current account only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 MANDATE

Name of Account

Account Number

Affix
Passport
Photograph
here

Name of Signatory

Specimen Signature

Phone No + country code

Name of Signatory 2

Specimen Signature

Phone No + country code

Affix
Passport
Photograph
here

PLEASE TICK AS APPROPRIATE

SOLE SIGNATORY BOTH TO SIGN EITHER TO SIGN OTHERS

CHEQUE CONFIRMATION REQUIRED ? YES NO If YES, please specify minimum amount to be confirmed ₦ : 0 0

Please note that the minimum cheque confirmation amount allowed by the bank is N500,000.00 in writing and before cheque presentation.

Mandate specified by Account holder(s) _____

Signature _____

Signature (Joint applicant) _____

8 DECLARATION AND CONSENT

I/We hereby apply for the opening of account(s) with Globus Bank Limited. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank. I/We want to receive updates, offers, promotional materials and marketing communications from Globus bank by email, text messages, or phone calls.

1. Name..... Signature..... Date.....

2. Name..... Signature..... Date.....

I, _____, hereby grant Globus Bank the authority to process and share my data with other accredited organisations or agencies in accordance with the General Data Protection Regulation (GDPR) and Nigeria Data Protection Regulation (NDPR). I am also aware that I can withdraw my consent at any time.

Signature..... Date.....

By signing this document you have agreed to the general, electronic banking and General Data protection Regulation (GDPR) terms and conditions for account opening contained on our website www.globusbank.com

9 For Bank Use only

A. To be filled by sales/branch staff

Staff Name _____ Staff ID _____

Branch Head's Name _____ Branch Head's Signature _____

Address Verification Yes No

B. To be filled by branch

Currency _____ Account Number _____

Branch Code _____

ISIC Code (4 digit) _____

Team Code _____

ISIC Code (6 digit) _____

Product Code _____

C. To be filled by Compliance

Risk Profile: Low Medium High

Name _____

Risk Justification _____

Sign & Date _____