

# 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](https://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](mailto: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"/>

# ACCOUNT OPENING FORM - INDIVIDUAL

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (A|B|C|✓)

Category of Account: (Tick ☒ as appropriate) Individual ☐ Joint ☐

Savings ☐ Current ☐ Fixed Deposit ☐ Domiciliary Account ☐

Others \_\_\_\_\_

Branch

Bank Verification Number(BVN)

National Identification Number(NIN)

Account No (for official use only)

Affix  
Passport  
Photograph  
here

## 1 Personal Information

Title  (Mr, Mrs, Dr, Chief) Surname

First Name  Other Names

Mother's maiden name  Date of Birth

Place of Birth  Gender: F ☐ M ☐

Nationality  State of Origin

Local Govt Area  Home Town

Do you have dual citizenship? No ☐ Yes ☐ If yes, please specify \_\_\_\_\_

If US citizen, please provide

Tax ID. No (TIN)  Employee ID No

Marital Status: Single ☐ Married ☐ Others \_\_\_\_\_

Tax ID. No (TIN)  Religion

Phone No 1 +  country code Phone No 2 +

Email Address

Residential Address

Resident Permit no  (Non-Nigerian) Permit Issue Date  Permit Expiry Date

Means of Identity National ID Card ☐ Driver's Licence ☐ International Passport ☐ INEC Vote's Card ☐ Others \_\_\_\_\_

ID Number  ID Expiry Date

Purpose of Account

Are you (related to) a Politically Exposed Person (PEP)? Yes ☐ No ☐ If yes, please state the name of PEP and position held \_\_\_\_\_

## 2 Details of Next of Kin

Title  (Mr, Mrs, Dr, Chief) Surname

First Name  Other Names

Date of Birth  Gender F ☐ M ☐ Relationship

Email Address

Phone No +

Residential Address

### 3 Employment Details

Employment Status: Employed ☐ Self Employed ☐ Retired ☐ Student ☐ Others

Date of Employment (Optional)

Annual Salary/Expected Annual Income:

(a) Below N500,000 ☐ (b) > N500,000 - 2M ☐ (c) > N2M - N5M ☐ (d) > N5M - N10M ☐  
 (e) > N10M - N20M ☐ (f) > N20M - 50M ☐ (g) > N50M ☐

Employer's Name

Employer's/ Employment Address:

Nature of Business or Occupation

Phone No 1 +  Phone No 2 +

### 4 Additional Details

I. Name(s) of Beneficial owner(s) (if any):

II. Sources of Fund to the Account  
 1.   
 2.

III. Other Sources of Income (If any)  
 1.   
 2.

### 5 JURAT (THIS SHOULD BE ADOPTED WHERE APPLICANT IS BLIND OR NOT LITERATE, AND FORM IS READ TO HIM BY A 3RD PARTY)

I agree to abide by the content of this document and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

Mark of Customer/ Thumbprint  Magistrate/Commissioner for Oaths

Date

Name of interpreter

Address of interpreter

Language of interpretation  Phone No +

### 6 ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK ☒ APPLICABLE OPTION BELOW)

Debit Card ☒ Debit Card Preference : MasterCard ☐ Verve ☐ Visa ☐ Others (please specify)

Mobile/Internet Banking ☐ Internet Banking Preference(s) : PIN ☐ Hardware token ☐ Software Token ☐ (funds transfer with hardware/software token requires a fee)

Cheque Book ☐ No of Leaves : 25 ☐ 50 ☐ 100 ☐

Transaction Alert ☒ Transaction Alert Preference(s) : Email ☐ SMS (less apply) ☒  (Mobile Number for Alert)

Statement Delivery ☐ Delivery Preference : Online ☐ Collection from Branch ☐



## 7 MANDATE

Name of Account

Account Number

Affix  
Passport  
Photograph  
here

Name of Signatory

Specimen Signature

Phone No +

Name of Signatory 2

Specimen Signature

Phone No +

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](http://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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 \_\_\_\_\_