

# Additional Individual Account Opening Form

DD	MM	YYYY
----	----	------

Kindly complete this form to enable us serve you better.

Account Type (New):

## PERSONAL/ ACCOUNT DETAILS

Account Name  Surname  First Name

Middle Name Existing Account Number

Residential Address

Nearest Bus Stop/ Landmark  City/ Town

L.G.A  State

Phone Number 1  Phone Number 2

Email Address

Tax Identification No.

## DECLARATION

I/We understand that any information given overleaf is the basis for opening such account and therefore warrant that such information is correct.

I/We agree to be bound by the terms and conditions governing the operations of the account.

Signature    
Date 

DD	MM	YYYY
----	----	------

  
Affix Stamp

Signature    
Date 

DD	MM	YYYY
----	----	------

  
Affix Stamp

## DECLARATION

I/We understand that any information given overleaf is the basis for opening such account and therefore warrant that such information is correct.

I/We agree to be bound by the terms and conditions governing the operations of the account.

Signature    
Date 

DD	MM	YYYY
----	----	------

  
Affix Stamp

Signature    
Date 

DD	MM	YYYY
----	----	------

  
Affix Stamp

## FOR BANK USE ONLY

Account opened by:

Name  Signature  Date 

DD	MM	YYYY
----	----	------

Confirmed by:

Name  Signature  Date 

DD	MM	YYYY
----	----	------

Kindly send the form to [Retail.Business@9psb.com.ng](mailto:Retail.Business@9psb.com.ng)