

Account Upgrade Form - Individual

Kindly complete this form to enable us serve you better.	
Request Type Tier 2 Tier 3	
Account Name	
Account Number	
PERSONAL INFORMATION	
Title Mr. Mrs. Others (Please specify)	
Name Surname First Name	Middle Name
Residential	
Address	
State of Residence	Phone No
BVN E-mail	
Mother's Maiden Name	
Marital Status Single Married Others (Please specify)	
Residence/ Work Permit No (for foreigners)	
Permit Issue Date Permit Expiry Date	D D M M M
MEANS OF IDENTIFICATION	
ID Type International Passport Driver's License Natio	onal ID Permanent INEC Voter's Card
Others If others, please specify	
ID Number	
Date Issued Expiry Date	Y Y Y Y
MANDATE UPDATE	
	Please
	affix
Signature	Passport Photo

EMPLOYMENT DETAILS	
Employer's Name	
Office/ Plot No Street Name	
Nearest Bus Stop/ Landmark	
City LGA	
State	
Annual Salary	
(a) Less than N50,000 (b) N51,000 - N250,000 (c) N251,000 - N500,000 (
(d) N501,000 - Less than N1 million (e) N1 million - Less than N5 million	
(f) N5 million - Less than N10 million (g) N10 million - Less than N20 million	
(h) N20 million - Less than N100 million (I)N100 million	
ACCOUNT SERVICES (Please tick applicable option below)	
Internet Banking ☐ E-mail Statement ✓ Naira Debit Card ☐ SMS Alert ✓	
Mobile Money Token (Charges apply)	
The pre-checked boxes above are compulsory services as directed by the CBN. If you wish to opt out of these services, kindly request for an indemnity form.	
these services, killuly request for all indefinity form.	
DECLARATION	
hereby apply for the upgrade of an	
account with 9 Payment Service Bank Ltd. I understand that the information given herein and the documents	
supplied are basis for upgrade such account and I/We therefore warrant that such information is correct. I/We have read the terms and conditions governing the operations of the account which are presented	
overleaf and agree to be bound by them.	
DOCUMENTS REQUIRED	
Kindly tick the relevant box based on the documentation provided by the customer.	
Utility Bill Marriage Certificate Sworn Affidavit Identity Card	
Others (Specify)	
FOR OFFICIAL USE ONLY	
Onboarding Officer Head of Operations Name/ Date/ Signature Name/ Date/ Signature	