

9PSB 9RA SAVE ACCOUNT – TIER 1

D D	M M	Y Y Y Y

The form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following

Branch/ Region

ACCOUNT No. (For official use only)

Bank Verification Number (BVN)

National Identification Number (NIN)

Affix
Passport
Photograph
Here

1. PERSONAL INFORMATION

Title Surname

First Name Other Names

Marital Status (Please tick as appropriate) Single ☐ Married ☐ Others (Specify) Gender: M ☐ F ☐

Date of Birth

D D	M M	Y Y Y Y

 Place of Birth Religion

Nationality State of Origin L.G.A

2. CONTACT DETAILS

Residential Address

Nearest Bus Stop/ Landmark City/ Town

L.G.A State

Phone Number 1 Phone Number 2

Email Address

3. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Debit Card ☐ Mobile Banking ☐ SMS Alert (Fees Apply) ☐

4. EMPLOYMENT DETAILS (Optional)

Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others(specify)

5. DETAILS OF NEXT OF KIN

Title Surname

First Name Other Names

Date of Birth

D D	M M	Y Y Y Y

 Relationship

Phone Number 1 Phone Number 2

Email Address (optional)

TERMS AND CONDITIONS

1. The operation of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative balance of N300,000 at any point in time.
2. International funds transfer is prohibited.
3. You will be required to provide further documents at any point in time when transacting above the regulated threshold.
4. This account is strictly savings.
5. This account is required to be upgraded to a higher class of account if the regulatory limit is exceeded. The customer hereby agrees to provide the necessary documents to support the upgrade.

NOTE: The Bank reserves the right to automatically migrate all tier 1 and 2 accounts exceeding the regulatory limit, to a higher account class. The customer hereby agrees to provide necessary documentation to support such upgrade within a 30-day period, failing which said accounts shall be restricted.

DECLARATION

I hereby apply for the opening of account(s) with 9PSB. I understand that the information given herein and the document supplied are the basis for opening such account(s) and I therefore warrant that such information is correct.

I further undertake to indemnify 9PSB for any loss suffered as a result of any false information or error in the information provided to the Bank.

Name Signature Date

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR BANK USE ONLY

Account opened by:

Name Signature Date

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Confirmed by:

Name Signature Date

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BASIC REQUIREMENTS

1. Basic customer information such as name, place and date of birth, gender, address etc.
2. One (1) recent passport photograph.

Kindly send the form to **Retail.Business@9psb.com.ng**