

INDIVIDUAL REGISTRATION / ACCOUNT OPENING FORM

- A. Please read the form carefully before completing it.
 B. The completed form should be returned with two (2) passport photos with your name boldly written on the reverse side.
 C. Return the completed form to the nearest FMBN office.
 D. All field marked * are compulsory.

Please Affix Passport
Here

NHF NUMBER (If any)

*BVN NUMBER:

EMPLOYMENT STATUS

(Current)

Employed Full-Time: ☐ Employed Part-Time: ☐ Self-Employed: ☐

*Date of Employment (First Appointment):

Employer Name (If Not Self-Employed):

Employment History

Employer Name 1: From: To:

Employer Name 2: From: To:

PERSONAL DETAILS

Title (Mr./Mrs./Miss.) *Surname:

*First Name:

*Address:

*Gender: Male: ☐ Female: ☐ *Date of Birth: *Staff ID/IPPIIS No:

*Email:

*Mobile Number:

*Customer Bank Name: *Account Number:

*Monthly Salary (Net Pay):

*Marital Status: Single: ☐ Married: ☐ Estranged: ☐ Widowed: ☐ Divorced: ☐

NIN:

NEXT OF KIN INFORMATION

*NOK Surname: First Name:

*NOK Relationship: *NOK Mobile Number:

*NOK Address:

Applicant Signature and Date

Employer's Signature and Date Official Stamp