

# SAVE AT HOME (ACCOUNT OPENING FORM)



## Select Account type

- Savings  
 Current

## Currency

- Naira  Dollars  
 Pounds  Euro

## BANK USE ONLY

Account Officer. ....  
Customer ID No. .... BM/GH/DH: ....  
Account No. .... Branch Code. ....

## I Wish to enrol for:

- Debit / ATM Card  Internet banking / I-Pay  
 Master Card

Type of ID   
ID No.   
Iss Date   
Exp Date

Place of Iss.   
Service  Doctor  IT Professional   
House Wife  Nurse  Others   
Student  Engineer   
Retired  Self Employ

## PERSONAL DETAILS (1st Applicant)

Title  First Name  Middle Name   
Last Name  Date of Birth   
Guardian's Name (If Applicant is a Minor)  Mother's Maiden Name

## OVERSEA ADDRESS

Address  City   
State  Postal / Zip Code  Country   
Tel (Res):  Country Code   
Tel (Mobile):  Area Code   
Fax  Number   
Email ID (in capital letters)

Please note that your password will be mailed to this e-mail address

## JOINT RESIDENT SIGNATORY IF ANY (RESIDENT IN NIGERIA)

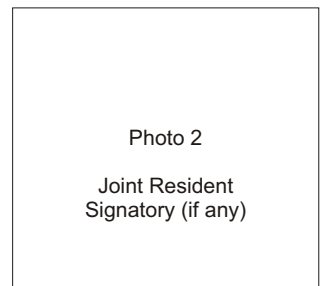
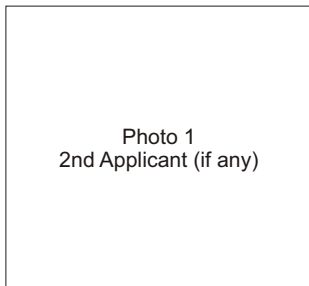
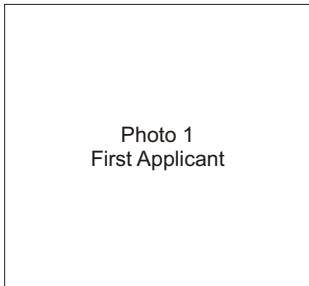
Title  First Name  Middle Name   
Last Name  Date of Birth   
Address  City   
State  Country   
Tel (Res):  Tel office:   
Tel (Mobile):  Fax:   
Email ID (in capital letters)

**NEXT OF KIN**

Title	First Name	Middle Name
Last Name	Relationship with 1st Applicant	
Address:		
Email ID (in capital letters)		

**JOINT APPLICATION DETAILS (IF ANY) - 2ND APPLICANT**

Title	First Name	Middle Name
Last Name	Date of Birth	
Relationship with 1st Applicant		
Address:		
Email ID (in capital letters)		



Name: .....

SIGNATURE

Name: .....

SIGNATURE

Name: .....

SIGNATURE

Date: .....

Date: .....

Date: .....

**AUTHORISED SIGNATURE COMBINATION**

**SPECIAL INSTRUCTION:**

# CHECKLIST

<b>S/N</b>	<b>DOCUMENT</b>	<b>TICK</b>
1	Completed Account opening form	<input type="checkbox"/>
2	Completed Indemnity Form	<input type="checkbox"/>
3	2 Passport Photographs (for each signatory)	<input type="checkbox"/>
4	Valid means of identification (provide photocopies of any of the following): *Driver's license/International passport *Resident /work permit	<input type="checkbox"/>
5	Evidence of source of funds (provide photocopies of any of the following): *Work ID *Payslip (last 3 months) *Evidence of business registration *Bank statement (last 3 months) *Banker's Reference	<input type="checkbox"/>
6	Address verification: *Utility bill (last 3 months) *Copy of any letter received in the last 3 months from your banker.	<input type="checkbox"/>

.....200\_

The Managing Director  
First Inland Bank Plc  
4/6 Adetokunbo Ademola Street  
Victoria Island  
Lagos

Dear Sir,

**LETTER OF INDEMNITY**

In consideration of First Inland Bank Plc. (hereinafter called "FinBank") allowing me/us \_\_\_\_\_ and \_\_\_\_\_ to operate the SAVE-AT-HOME Account. I/We hereby undertake to indemnify and keep FinBank fully indemnified against any losses, liabilities and other claims that First Inland may incur resulting from any money transfer to third party account holders, internet banking, instructions for payment and withdrawals howsoever arising in the course of the operation of the above accounts.

I/We confirm that my/our cheque booklets, ATM/MasterCard or PIN, i-Pay/Internet banking ID and password shall be kept confidential. I/We shall be liable for any misuse of the same and agree to indemnify you against all consequences of such misuse. I/We confirm that all the information and data contained in this form is accurate and true and there is no undisclosed information would affect FinBank's decision to extend any of the services to me/us.

I/We also undertake that if any suit (civil or criminal) shall be instituted in respect of such transactions, I shall in addition to the above, provide the Bank with sufficient funds for the prosecution of same.

This indemnity shall be a continuing indemnity and shall ensue even after I/We have ceased to maintain account relationship with FinBank

DATED THIS ..... DAY OF ....., **200\_**

SIGNATORY 1  
Signed by the within named

SIGNATORY 2  
Signed by the within named

.....

.....

In the presence of:

NAME  
ADDRESS  
OCCUPATION  
SIGNATURE  
DATE