

APPLICATION TO OPEN AN INDIVIDUAL ACCOUNT

BRANCH

ACCOUNT No. (for official use only)

CUSTOMER ID (for official use only)

Account Category: ☐ Individual Account

☐ Joint Account

Account Type: ☐ Current

☐ ISOH

☐ Infinity Piggy

☐ Saving

☐ Infinity Premium Savings

☐ Infinity Current Plus

Others (please specify)

This form should be completed in CAPITAL LETTER using Black INK. Characters and marks should be similar in style to the following (A B C)

PERSONAL INFORMATION (Please complete in BLOCK LETTERS and tick where necessary)

Title Surname

First Name

Other Name(s)

Mother's Maiden Name

Marital Status (Please tick) ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Others (please specify)

Gender: ☐ F ☐ M

Date of Birth

Bank Verification ID No (BVN)

NIN

Occupation

Religion

Place of Birth

Nationality Dual Citizenship ☐ Yes ☐ No Please State.....

State of Origin LGA

Tax Identification Number (TIN) (If available)

Resident Permit No.

Resident Permit Issue Date

Resident Permit Expiry Date

Purpose of Account

CONTACT DETAILS

House Number Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt Area State

Mailing Address (if different from Residential Address)

Phone Number 1 Phone Number 2

Email Address

Social Media Handle NIN

VALID MEANS OF IDENTIFICATION

☐ National ID Card ☐ National Driver's License ☐ International Passport ☐ INEC Voter's Card ☐ Others (please specify)

ID No ID Issue Date ID Expiry Date

ACCOUNT SERVICE (S) REQUIRED (please tick option below)

E-Mail Statement ☐ E-Mail Alert ☐ Debt Card ☐ Internet Banking ☐
SMS Alert ☐ Mobile Banking ☐ Token ☐
(Charges Apply)

Please note that your Account will be debited with the appropriate fee

Statement Preference : Physical Collection ☐ E-Mail ☐
Statement Frequency : Weekly ☐ Monthly ☐ Quarterly ☐ Semi Annually ☐ Annually ☐
Cheque Book Requisition: Crossed Cheque ☐ 50 Leaves ☐ 100 Leaves ☐ 200 Leaves ☐
Cheque Confirmation: Will like to Pre-confirm your Cheque ? Yes ☐ No ☐

Cheque Confirmation threshold: (If the answer to the above is yes, kindly specify the threshold)

EMPLOYMENT DETAILS

☐ Employed ☐ Self employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (please specify)

Date of Employment (if Employed)

Annual Salary/Expected Annual Income

Annual Salary:

☐ Less than N250,000 ☐ N251,000 - N500,000 ☐ N501,000 - Less than N1 million
☐ N1million -less than N5million ☐ N5million - Less than N10million ☐ N10million -Less than N20 million ☐ Above N20million

Business / Employer's Name:

Business / Employer's Address:

Street Number

Street Name

City/Town

Nearest Bus Stop/
Landmark

Local Govt. Area

State

Nature of Business/
Occupation

Office Phone Number

Fax Number

DETAILS OF NEXT OF KIN

Title

Surname

Please Specify

First Name

Other Name(s)

Date of Birth

Gender

F

M

BYN Nos

Mobile Number

Relationship

House Number

Street Name

State of Origin

LGA

Nationality

Nearest Bus Stop

City/Town

Email Address

Local Govt. Area

State

ADDITIONAL DETAILS (OPTIONAL)

Name of Beneficial Owner (If any)

Spouse's Name
(If applicable)

Spouse's date of Birth

Spouse's Occupation

Sources of Fund to the Account 1.

2.

Expected Annual Income from Other Sources

Name of Associated Business (es) (If any) 1.

2.

3.

Type of Business

Business Address

DETAILS OF ACCOUNT HELD WITH OTHER BANKS

S/N	NAME AND ADDRESS OF	ACCOUNT NAME	ACCOUNT NUMBER	STATUS ACTIVE/DORMANT
1.				
2.				
3.				
4.				

ACCOUNT MANDATE

Mandate authorization/combination Rule (Please tick as appropriate): Sole Signatory ☐ Either to sign ☐ Both to sign ☐

Signatory A

Name: _____

Surname: _____

First Name: _____

Other Name(s): _____

Class of Signatory: _____

Identification Type: _____

Identification No: _____

Telephone No: _____

Signature & Date: _____

Please affix
passport Photo

Signatory B

Name: _____

Surname: _____

First Name: _____

Other Name(s): _____

Class of Signatory: _____

Identification Type: _____

Identification No: _____

Telephone No: _____

Signature & Date: _____

Please affix
passport Photo

DECLARATION

I/We _____
hereby apply for the opening of an account with Infinity Trust Mortgage Bank Plc. I/We Understand that the information given herein and the documents supplied are the basis for opening 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.

1. _____ Name _____ Signature _____

D	D	M	M	Y	Y	Y	Y

2. _____

Name

Signature

D	D	M	M	Y	Y	Y	Y

JURAT (This should be adopted where the customer is not literate or is blind and the form is read to him or her by a third party)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over, explained by an interpreter and understand by me before appending my thumb print.

--

D	D	M	M	Y	Y	Y	Y

[illegible][illegible][illegible]

Mobile No:

[illegible]**FOR BANK USE ONLY**

DOCUMENTS REQUIRED

Savings/Special Product Account

1. Duly completed Account opening Form
2. Specimen signature card duly completed
3. Recent passport photograph
4. Proof of Identity: International passport, Driver's Licence, National ID card, Valid Nigeria Voter's Card (Original must be sighted)
5. Resident Permit (for Non-Nigerian)
6. Proof of Address: Utility bills etc (Certified true copy is acceptable if original is not held)
7. Letter from Employer/School/NYSC (for salary or student Accounts)

Checked

Deferred

Waived

A 3x10 grid of empty squares, organized into three rows and ten columns, for drawing.

Fixed/Current/Current Mortgage/Fixed/Other types of Account**Checked****Deferred****Waived**

1. Duly completed Account opening Form
2. Specimen signature card duly completed
3. Two (2) Recent passport photograph
4. Two (2) independent and satisfactory references
5. Proof of Identity: International passport, Driver's Licence,
National ID card, Valid Nigeria Voter's Card (Original must be sighted)
6. Proof of Address: Utility bills etc (Certified true copy is acceptable if original is not held)
7. Letter from Employer (for salary Accounts)
8. Resident Permit (for Non-Nigerians)
9. Other Document Provided

☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

AUTHENTICATION FOR FINANCIAL INCLUSION AND RISK CLASSIFICATIONIs the customer socially or financially disadvantaged? Yes ☐ No ☐

If the answer to the above is yes, state other documents obtained in line with the bank's policy on socially/financially disadvantaged customer.

Does the customer enjoy tiered KYC requirements? Yes ☐ No ☐If the answer to the above is yes, identify customer's risk category Low Risk ☐ Medium Risk ☐ High Risk ☐**DOCUMENT CHECKED BY:**CSO's/HCFD's Name
Staff Number Signature Date **Deferral/Waiver of Documents Authorised by**BDM's Name Staff Number Signature Date **Account opening Authorised by:**BDM's Name Staff Number Signature Date **Address verification carried out by:**Name Staff Number Signature Date Name Staff Number Signature Date

Comment (s): (Additional description and Result Findings)

To:
The Manager,
Infinity Trust Mortgage Bank Plc

Dear Sir,

Name Of customer

I/We would wish to confirm that I/we have known the above-named person(s) for

I/We would like to comment about his/her/their suitability for maintaining a current account with you as follows:

I/We maintain a current account with:

Name of Bank:

Address:

My/Our Account No. is:

--	--	--	--	--	--	--	--	--	--

And my/our phone No.(s) is/are:

Yours Faithfully,

Signature

Date:

D	D	M	M	Y	Y	Y	Y

Name:

Address:

Please note:

1. Referees must be a current account holder either in ITMB or other banks.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

To:
The Manager,
Infinity Trust Mortgage Bank Plc

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My/Our Account No. is:

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And my/our phone No.(s) is/are:

Yours Faithfully,

Signature

Date:

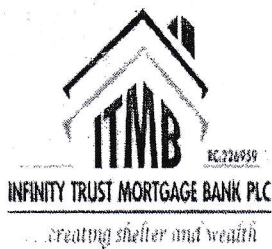
D	D	M	M	Y	Y	Y	Y

Name:

Address:

Please note:

1. Referees must be a current account holder either in ITMB or other banks.
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3. Salary account holder(s) are not suitable referees.



PRIVACY NOTICE AND CONSENT FORM.

Dear Customer,

Infinity Trust Mortgage Bank Plc is committed to protecting your personal data entrusted with us. We will therefore ensure your data is:

- a. Processed and used lawfully.
- b. Collected and maintained for a specific purpose.
- c. Retained not longer than necessary.
- d. Kept securely.

Infinity Trust Mortgage Bank Plc will use the personal information you have provided for account opening and maintenance purposes. We may also use your personal information to market our products and services that we feel may be of interest to you. However, you can contact us and request that we delete your information from our mailing list if you do not wish to continue receiving our promotions.

For more details, please read our data privacy policy on www.infinitytrustmortgagebank.com. This policy sets out your rights under the Nigeria Data Protection Regulation 2019 and explains how you can access your personal data and lodge complaint if you have concerns about how we are using it.

By signing this form, you agree that you understand how your data will be used and consent to its use as stated in our privacy policy.

You can access, make changes to, update or withdraw your information provided to us by contacting us through the following channels:

Address: Infinity Trust Mortgage Bank Plc, Infinity House, 11
Kaura Namoda Street, Off Faskari Crescent Area 3
Garki Abuja

Tel: +2349087121685; +2349087121690

Email: info@itmbplc.com

Acct Name:

Acct Number:

Signature(s):

Date: