BETHEL MICROFINANCE BANK LTD.

----------**OFFICE/BRANCH**

CUSTOMER COMPLIANCE FORM (KYC/CDD FORM)

1. PERSONNAL DATA:

Surname_____

First Name_____ Middle Name_____

Mother's Maiden Name_____ **Mother's Name**_____

Title_____ Sex_____Date of Birth_____ Religion _____Nationality_____

Marital Status _____Nick Name (If any)_____**USER ID**_____

2. CONTACT/LINK INFORMATION: Phone No1._____ Phone No2._____

E-Mail_____ Bank Verification Number **(BVN)** _____**NIN**_____

3. EMPLOYMENT INFORMATION:

Name of Employer _____ Occupation_____

Office Address _____ Office Phone No_____

Office E-mail _____Company/Personal TIN No _____Annual Salary_____

4. PERMANENT HOME ADDRESS:

Village_____ Town_____ LGA _____State_____

Nearest Bus-Stop_____ Land Mark _____

5. RESIDENTIAL ADDRESS:

Street No_____ Street Name_____Town_____

City_____LGA_____State_____Nearest Bus-Stop_____

Land Mark _____Description of Building_____ Colour of Building_____

6. IDENTIFICATION INFORMATION:

National ID card_____ International Passport_____ Drivers License_____ Voters Card_____Others (Specify) _____

ID No_____ Place of Issuance_____ Issue Date_____ Expiry Date_____

Issuance Authority _____

7. UTILITY BILL INFORMATION:

Utility Bill Type_____ Name on Utility Bill_____

Address on Utility Bill_____Date on Utility Bill_____

8. SPOUSE INFORMATION:

Spouse Name (Full) _____

Occupation _____ Contact Phone No_____

9. NEXT OF KIN INFORMATION:

Name_____

Home Address _____

Residential Address _____

Phone No_____ Sex_____ Relationship_____

10. ACCOUNTS WITH OTHER BANKS:

Bank Name _____Account Number _____

11. CREDIT BUREAU INFORMATION:

Has No Outstanding Loan and Not defaulting? _____

Has Current Running Loan and Not defaulting? _____

Has Defaulted in any Loan? _____

12. POLITICAL EXPOSURE:

Are You Politically Exposed? _____

13. FOR FOREIGNERS:

Resident Permit No_____

Permit Issue Date_____ Permit Expiry Date _____

14. COPORATE/JOINT/MINOR ACCOUNT INFORMATION:

Account Name_____

Home Address_____

Residential Address _____

Office Address_____TIN No_____

Date of Birth _____ Sex _____ Phone No _____ Relationship _____

15. NAME OF REFEREES:

1._____2_____

16. CERTIFICATION:

I certify that the above information's are true and correct.

Signature _____Date_____ Time_____