

Please fill all Information with BLOCK CAPITAL LETTERS

KNOW YOUR CUSTOMER INFORMATION FORM

CUSTOMER DETAILS				INDIVIDUAL
Account No*	First Name*	Middle Name*		Surname*
Date of Birth*	Gender*	Nationality*		Occupation*
/ /				
Company Name	Marital Status	atus* Spouse Name		pouse Name

CUSTOMER PERMANENT ADDRESS

House No	Street*		Area City*	
State*	Local Government*		Country*	
Mobile No*		Phone No	Email Address:	
		Address Description		
		-		

	ID PROOF (Either one pro	of should be provided)	
Valid Int'l Passport Number*		Issue Date	Expiry Date
		/ /	/ /
Valid Driving License Number*		Issue Date	Expiry Date
		/ /	/ /
Valid National ID Card Number*		Issue Date	
		/ /	
Voter's Card Number*	Issue Date	Other Means of Identity	Issued Date
	/ /		/ /
Utility Bills (NEPA or Waterboard) Account No		Issue Date	
		/ /	

		ETAILS		
Next of Kin Surname*	Next of Kin Name* Relationship*			Date of Birth
				/ /
House No	Street*		Area City*	
State*	Local Government*			Country*
Mobile No*	Phone	No	Ema	ail Address:
	Address Description			

ACCOUNT DETAILS WITH OTHER BANKS OUTSIDE BOA

Bank Name	Branch Name	Account Type	Account Number

NOTE: Field marked with asterisks (*) are Mandatory fields

Authorized Signature of Customer

Recent
Colour Passport
Photograph

For BOA Official use only

BOA Verifying Officer's Name: _

Signature & Date: