

CLIENT PROFILE/KYC FORM

INDIVIDUAL, SOLE PROPRIETORSHIP, PARTNERSHIPS,
JOINT AND MINOR ACCOUNTS

DATE

1a

Customer Account

Name of Account

Name of Proprietor/Partner/Guardian/Parent*

*If the account belongs to a Minor, please provide information on the Parent/Guardian

Status (please tick) Resident Non-Resident

Nationality

Proof of Identity to be provided by applicant (please tick)

Int'l Passport National ID Certificate of Registration as citizen Driver's License Residence Permit (for foreigners)
 Voters Card Refugee ID Card Any other acceptable ID with photo

ID No.

Proof of Address to be provided by applicant (please tick)

Current Telephone Bill Current Electricity Bill Current Water Bill Certificate of Residence
 TIN Certificate Site Visitation Report Tenancy Agreement Other locally acceptable document

Occupation (please tick as Applicable)

Civil Servant Armed Forces/Police/Security Judiciary Entrepreneur
 Financial Services Sector Legislator Businessman/Trader Professional (Legal/Medical/Accountant)
 Housewife/ Homemaker Student Agriculturist Craftsman/Artisan
 Real Estate Developer Retired Officer (Please specify) _____

Others (Please specify) _____

Verification Doc.

1C

The Applicant is a Politically Exposed Person (PEP) or is associated with a PEP yes no

If 'yes', briefly state name, position and relationship _____

The Applicant resides or operates in a country which features on the list of Non Co-operating Countries and Territories yes no

The revenues/funding of the Applicant are derived from a country which features on the FATF list of Non- Cooperative Countries and Territories yes no

If the response is 'yes' to "1C" above, please obtain the approval of the Managing Director and the Chief Compliance Officer

CLIENT PROFILE/KYC FORM Cont.

2 FOR BUSINESS OWNERS ONLY

2a Description of principal activities and coverage area

2b Affiliates including signatories, Board of Directors and Power attorney when applicable (low, medium and high-risk customers)

Name	location	description of Business
N/A		

2c Principal Suppliers and Customers

Name	location

3a Estimated Net worth as at date (in local currency or USD)

3b Estimated Annual Income (source of funds) and verification

3c Detailed Source of wealth and verification

4 Expected purpose, volume of transactions, Frequency & type of transfers

Purpose of Account	
Volume of transactions	
Frequency	
Type of transfers	

5 Mode of Introduction (if introduced by client in good standing indicate name and method of verification)

<input type="checkbox"/>	Existing Customer	<input type="checkbox"/>	Customer from another Bank	<input type="checkbox"/>	Walk in Customer	<input type="checkbox"/>	Others, please specify below
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Marketed

Please sketch the location of customer's address on the space below

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Address confirmed

Address confirmed by

Signature

Date

Account type

Account manager

Account manager Pc Code

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION AND THE INFORMATION CONTAINED IN THE ATTACHMENTS ARE CORRECT AND HAVE BEEN VERIFIED AS INDICATED AND THAT WHERE SUPPORTING DOCUMENTS HAVE BEEN PROVIDED, SUCH DOCUMENTS SUPPORT THE INFORMATION PROVIDED IN THE PROFILE. I ALSO CONFIRM THAT I AM COMFORTABLE THAT THIS CUSTOMER IS REPUTABLE, IS ENGAGED IN A LEGITIMATE BUSINESS AND DERIVES HIS/ITS INCOME FROM LEGITIMATE SOURCES IN KEEPING WITH THE STANDARDS OF AGIB BANK AND AGIBBANK'S KNOW YOUR CUSTOMER POLICY.

RELATIONSHIP MANAGER /CUSTOMER SERVICE OFFICER	DATE	signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

I CONFIRM THAT I HAVE REVIEWED THIS CUSTOMER PROFILE AND ATTACHMENTS WITH THE RELATIONSHIP OFFICER AND I AM SATISFIED THAT ALL INFORMATION REQUIRED UNDER AGIB BANK 'KNOW YOUR CUSTOMER' POLICY HAVE BEEN OBTAINED AND CORROBORATED, THAT THIS PROFILE AND THE ACCOMPANYING DOCUMENTS REFLECT THE RELATIONSHIP MANAGER'S KNOWLEDGE OF THE CUSTOMER AND THAT THE CUSTOMER MEETS THE KYC STANDARDS OF THE BANK.

RELATIONSHIP OF MANAGER*	date	signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

HEAD OF COMPLIANCE*	date	signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

MANAGING DIRECTOR*	date	signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

***Approval of the Head of Compliance and Managing Director required if the customer replies 'yes' to 1c overleaf.**