ACCOUNT OPENING FORM FOR MINORS

This form should be completed in capital letters

unionbank

BVN NO.

BRANCH

ACCOUNT TYPE UNIONINFINITY ☐ UNIONLEGEND ☐

TYPE OF ACCOUNT TIER 1 ☐ TIER 2 ☐ TIER 3 ☐

CURRENCY NGN(₦) ☐ USD($) ☐

PARENT/GUARDIAN ACCOUNT NO.

(For UBN Customer only)

CHILDREN'S DETAILS *(This form allows you open accounts for more than one child)*

FIRST CHILD

SURNAME

FIRST NAME

OTHER NAMES

MOTHER'S MAIDEN NAME

STATE OF ORIGIN

DATE OF BIRTH D D M M Y Y Y Y

GENDER M F *Male* *Female*

Attach Passport Photo Here

NATIONALITY

LOCAL GOVT. AREA

CONTACT DETAILS *(for Kids above 12)*

EMAIL ADDRESS

SOCIAL MEDIA PLATFORM

SOCIAL MEDIA HANDLE

MOBILE NUMBER *(Country Code)*

SCHOOL INFORMATION

SCHOOL NAME

CLASS

STANDING INSTRUCTION

ACCOUNT NAME

ACCOUNT NUMBER

AMOUNT IN WORDS

AMOUNT IN FIGURES ₦ ☐ $ ☐ K

ACCOUNT TO CREDIT

FREQUENCY OF DEBIT WEEKLY ☐ MONTHLY ☐

COMMENCEMENT DATE D D M M Y Y Y Y

SECOND CHILD

SURNAME

FIRST NAME

OTHER NAMES

MOTHER'S MAIDEN NAME

STATE OF ORIGIN

DATE OF BIRTH D D M M Y Y Y Y

GENDER M F *Male* *Female*

Attach Passport Photo Here

NATIONALITY

LOCAL GOVT. AREA

CONTACT DETAILS *(for Kids above 12)*

EMAIL ADDRESS

SOCIAL MEDIA PLATFORM

SOCIAL MEDIA HANDLE

MOBILE NUMBER *(Country Code)*

SCHOOL INFORMATION

SCHOOL NAME

CLASS

SECOND CHILD'S INFORMATION (CONTD.)

STANDING INSTRUCTION

ACCOUNT NAME

ACCOUNT NUMBER

AMOUNT IN WORDS

AMOUNT IN FIGURES

₦ $ K

ACCOUNT TO CREDIT

FREQUENCY OF DEBIT WEEKLY ☐ MONTHLY ☐

COMMENCEMENT DATE D D M M Y Y Y Y

ACCOUNT SERVICES *(Please tick applicable option below)*

CARD TYPE UNIONLEGEND DEBIT CARD ☐

COMMUNICATION PREFERENCES
*please confirm that you have provided a valid email

EMAIL ALERT ✓ *(Free)*

SMS ALERT ✓ *(Fees Apply)*

DATA PROTECTION NOTICE

Union Bank of Nigeria Plc ("the Bank") will process the above data, along with any other data you subsequently give us, in terms of the Nigerian Data Protection Regulation 2019. The data will be used to give you statements and provide the Bank's products and services to you; for internal assessment and analysis; for the detection and prevention of fraud and other criminal activities which the Bank is under legal obligation to report; to develop and improve the Bank's services; for direct marketing, such as to inform you, by mail, telephone, e-mail or other electronic means, about other products and services provided by the Bank, the Bank's affiliate or merchant partners in other to improve your overall customer experience and for research purposes For more information, please read our Privacy Notice on our website. Please note that your personal data may be disclosed to, exchanged with or processed by employees of the Bank. You have the right to be informed by the Bank, at your request, about the personal data held by the Bank about you that is processed and to request to correct such information where necessary. Should the data you provided to the Bank change, the Bank must be informed without undue delay.

I/We hereby consent to the processing of my/our Personal Data (within or outside Nigeria), including transfer of my/our Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above.

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

NAME OF INTERPRETER

ADDRESS OF INTERPRETER

MOBILE NUMBER *(Country Code)*

OTHER NUMBER *(Country Code)*

LANGUAGE OF INTERPRETATION

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

MARK OF CUSTOMER/THUMBPRINT

MAGISTRATE/ COMMISSIONER FOR OATHS

DATE D D M M Y Y Y Y

SIGNATURE _____

DECLARATION

I hereby apply for the opening of an account with Union Bank of Nigeria Plc. I have read the terms and conditions governing the account and those elating to various products and services that I have requested for, as stated on the Bank's website www.unionbankng.com/terms-and-conditions, and I agree to be bound by them. I also indemnify the Bank fully for acting on all email instructions issued from the email address provided.

NAME OF ACCOUNT HOLDER _____ SIGNATURE _____

DATE D D M M Y Y Y Y

NAME OF ACCOUNT HOLDER _____ SIGNATURE _____

DATE D D M M Y Y Y Y

ACCOUNT CODES *(Official use only)*

BRANCH CODE

SEGMENT CODE

RM CODE

REFERRAL CODE

INTRODUCER CODE