

COOPERATIVE MORTGAGE BANK  
NOW YOUR CUSTOMER (KYC) FORM



**Basic Customer Information**

Name: \_\_\_\_\_ Title \_\_\_\_\_

Company name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Owner/Staff (Please circle one)

Business line: \_\_\_\_\_

Office Phone nos: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Phone \_\_\_\_\_ (Date of Birth/Reg) \_\_\_\_\_

Profession: \_\_\_\_\_ e-mail address \_\_\_\_\_

Home Address: \_\_\_\_\_

Preferred address for bank correspondence \_\_\_\_\_

\_\_\_\_\_

Possible needs - Investment Products (Indicate type) \_\_\_\_\_

Credit (Indicate type) \_\_\_\_\_

Annual business turnover/Salary: ₦ \_\_\_\_\_

Walk in  Marketed

Interviewed/Marketed by:

Okay to Open A/c  Form forwarded to CIS for A/C Opening

Address confirmed:  Yes  No

Address Confirmed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Opened on \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number \_\_\_\_\_ Account Officer \_\_\_\_\_

**•please note:** The KYC form should be completed and submitted to CIS along with the account opening package The customer's address needs to be confirmed before the account is opened

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## ADDRESS VERIFICATION FORM

CUSTOMER'S NAME .....

ACCOUNT NO .....

ADDRESS .....

TEL NO .....

BRIEF DESCRIPTION OF CUSTOMER'S ADDRESS:

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COMMENT(ACCOUNT OFFICER).....

SIGNATURE/DATE.....