

## Know Your Customer (KYC) Application Form

Please fill this form in ENGLISH and in BLOCK LETTERS (All Information below is mandatory)  
**(PERSONAL INFORMATION)**

<b>Name:</b> _____	<b>Title:</b> Mr./Mrs/Miss/Others _____	<b>Gender:</b> Male/Female _____
<b>Nationality:</b> Nigerian/Others _____	<b>Marital Status:</b> Single/Married _____	<b>Blood Group:</b> _____
<b>If Married Spouse Name:</b> _____	<b>Spouse Occupation:</b> _____	
<b>Medical History:</b> _____	<b>Hospital:</b> _____	
<b>Date of Birth:</b> _____	<b>Place of Birth:</b> _____	
<b>No. of Dependants:</b> _____	<b>No. of Children:</b> _____	
<b>Name &amp; Address of Next of Kin:</b> _____		
_____	<b>Relationship</b> _____	<b>Phone No.</b> _____
<b>Mother's Name:</b> _____	<b>Mother's home town:</b> _____	
<b>Date of Birth:</b> _____	<b>Place of birth:</b> _____	
<b>Father's Name:</b> _____	<b>Father's home town:</b> _____	
<b>Date of Birth:</b> _____	<b>Place of birth:</b> _____	
<b>State of Origin/ L.G.A</b> _____		
<b>Village Name:</b> _____	<b>Name of your Village Head</b> _____	
<b>Compound Name(if applicable):</b> _____		
<b>Name of Village Association/Group involved:</b> _____		
<b>Name of Association President/Chairman:</b> _____	<b>Phone No.</b> _____	
<b>Religion:</b> Islam/Christianity ; <b>Name of Village Cleric Leader:</b> _____		
<b>Name &amp; Address of Church/Mosque Attended in the village:</b> _____		
<b>Length of Residence in Abuja:</b> _____		
<b>Member of any Association(s) in Abuja? Yes/No, If yes kindly state the name of such Association(s)</b> _____		
_____		
<b>Name &amp; Address of Chairman/President</b> _____		
<b>Phone Number(s):</b> _____ ; _____ ; _____		

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Name & Address of Association Secretary: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

### 2. Contact Details:

Mailingp Address:

\_\_\_\_\_  
\_\_\_\_\_

Residential Address: \_\_\_\_\_

Permanent Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Home: \_\_\_\_\_ GSM: \_\_\_\_\_

Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Business Details:

Place of Employment/Business Address: \_\_\_\_\_

\_\_\_\_\_  
Name/Nature Business \_\_\_\_\_

Monthly salary/income: \_\_\_\_\_

Financial Institutions/Banks other than Hasal Microfinance Bank: \_\_\_\_\_

Average monthly cash deposits into the bank: \_\_\_\_\_

### Current Address Verification.

Stipulated Address of Customer: \_\_\_\_\_

.Verification Report: \_\_\_\_\_

c.Date of verification: \_\_\_\_\_

**8. Proof of address provided by the Applicant. Please submit any one of the following valid documents & tick against the document attached**

\*Latest telephone bill \*Latest Electricity bill \* Driver's License

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**FOR OFFICE USE:**

I, \_\_\_\_\_ the relationship officer of: \_\_\_\_\_ who is a customer of the bank do hereby certify that I have carried out relevant verification to establish the identity, address and nature of the business of this customer and his/her eligibility as a loan customer.

I also certify that the applicant(s) is engaged in (nature of business) \_\_\_\_\_

\_\_\_\_\_ it shall be my responsibility to continuously monitor the account holder(s) activity and inform CRM if at any point in time, there is profound changes in the customer's address or business transaction.

Name of Account officer: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Name of Relationship Manager: \_\_\_\_\_ Signature & Date: \_\_\_\_\_