

TICKET ID

BANK VERIFICATION NUMBER ENROLMENT FORM

Please provide the necessary information (Fields marked with * are compulsory)

TITLE* _____

SURNAME* _____

FIRST NAME* _____

MIDDLE NAME* _____

DATE OF BIRTH* GENDER* MALE FEMALE
DAY MONTH YEAR

please check one box only for every section

IDENTIFICATION DOCUMENT*

DRIVERS LICENSE VOTERS CARD
 INTERNATIONAL PASSPORT OTHERS
 NATIONAL IDENTITY CARD _____

MARITAL STATUS*

SINGLE WIDOWER
 MARRIED WIDOW
 DIVORCED SEPARATED

NATIONALITY* _____

STATE OF ORIGIN* _____ L.G.A OF ORIGIN* _____

RESIDENTIAL ADDRESS* _____

STATE OF RESIDENCE* _____

L.G.A OF RESIDENCE* _____

LANDMARKS* _____

PHONE NUMBER

PHONE NUMBER 2

Signature*

Agreement Clauses

- I agree to submit my Biometric information to the Enroller as is required for BVN enrollment.
- I give permission for the Enrolling Institution to securely store and transmit this Biometric data for this purpose.
- I understand that a Biometric is a unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a particular person

Disclaimer Clause

The Enrolling Institution shall not be liable for breaches/disclosures that may occur if it is compelled by law or regulation to disclose customer biometrics data to third parties. However, the Enrolling Institution shall exercise due care to ensure that the customers biometrics data is secure and protected.