

NEXT OF KIN DETAILS FORM

Branch _____

Date _____

Account Name	
Account Number	
Applicants Full Names	
ID/Passport Number	
Mobile Number	
Email Address	

NEXT OF KIN DETAILS

S/N	Name of Next of Kin	I.D Card /Birth Certificate/ Notification Number (Attach Copy)	Relationship	% Percentage given	Mobile Contact	Postal Address	Email Address	Physical Address
1								
2								
3								
4								

I hereby declare that all the information provided in this form is complete and correct and agree to indemnify the bank from and against any actions and suits proceedings whatsoever arising from any misleading information or omissions thereof.

Customer's Signature

FOR OFFICIAL USE ONLY

BRANCH STAFF		YES	NO
Applicant positively identified, Valid identification documents obtained and authenticated as per procedure			
Photograph confirmed			
Mandated signatures confirmed			
Name of staff, Signature of staff and verify stamp			
CBO STAFF		YES	NO
Input done in the system			
Name of staff, Signature of staff and verify stamp			