

KNOW YOUR CUSTOMER (KYC) CERTIFICATE

The following confirmation details is drawn up in compliance with CBN KYC policy section 3 of the money laundering Prohibition Act, 2004, CBN KYC Directive 2001 and KYC Manuel 2003, Confirmation that the procedures necessary for the proper identification of a customer has been carried out.

Customer Name _____
Account Type _____ Tel No _____
Email Address _____
Gender _____ Marital Status _____ Religion _____
Date of Birth _____ Maiden Name _____
Nationality _____ State of Origin _____
L.G.A _____ Hometown _____
Place of Birth _____ Mother's maiden name _____
Address (Residential) _____
Nearest Bus Stop _____ BVN _____
Occupation/Profession _____
Employer's Name _____
Address (Office) _____
Customer's Nickname (Alias) _____ NIN _____
Next of Kin _____ Relationship _____
Address of Next of Kin _____ Tel _____
ID Type _____ ID No _____
ID Issued Date _____ Expiry Date _____
Expected Annual Income _____
Primary Source of Funds: Salary () Business Income () Sales of Property ()
Others (specify) _____
Other source of Income apart from occupation: Investment () Dividends () Others ()
Who introduced you to the bank? _____

For Office Use

I, _____ the relationship manager of _____ who is a prospective customer of the Bank do hereby certify that I have carried out relevant verification to establish the identity, address and nature of business of the customer and his/her eligibility as an account holder of the bank.

I also certify that the applicant (prospect) is engaged in (Nature of Business) _____

It shall be my responsibility to continuously monitor the account holder, the account activities and inform the management of the bank if at any point in time there is (are) profound change (s) in the standing of the account holder and / or suspicious transaction as required by statutory regulation.

Name and Signature of Account Officer _____ Date _____

Name and Signature of TLBD/BM _____ Date _____



NUGGETS
MICROFINANCE BANK
RC 1926393

Passport
Photograph

INDIVIDUAL ACCOUNT OPENING FORM

PLEASE SELECT THE DESIRED TYPE OF ACCOUNT:

Savings Account ☐ Daily Savings Account ☐ Target Account ☐ Fixed Deposit Account ☐

Hybrid Savings Account ☐ Group Savings Account ☐ My Pikin Account ☐

CLASS: Micro ☐ SME ☐ Medium ☐ High Network ☐

ACCOUNT OPENING REQUIREMENT

1. Duly signed Signature Cards
2. Two Passport Photographs of each signatory
3. Identification Document
4. Duly completed Reference Forms (Excluding Savings Account)
5. Utility Bill e.g. Electricity, Water, Telephone or Rental Receipt
6. Resident Permit (Foreigners Only)

CUSTOMER INFORMATION

KINDLY DEMAND FOR DEPOSIT TELLER AS EVIDENCE OF PAYMENT ON EACH TRANSACTION DONE WITH THE BANK

Account Name (applicable only to joint account)							
Title	Mr. ☐	Mrs. ☐	Miss ☐	Master ☐	Others (please specify)		
Name SURNAME FIRST NAME MIDDLE NAME							
Residential Address							
Mother's Maiden Name		Landmark	LGA	State			
E-Mail Address		Phone No	BVN				
Date of Birth		Nationality					
Place of Birth		Home Town	LGA	State			
Business/Occupation							
Name of Employer (if any)							
Address of Employer							
Social Media Handle	Twitter	Facebook	Instagram				
Annual Income (N'000)	0-250 ☐	251-1,000 ☐	1,001-5,000 ☐	5,001-10,000 ☐	10,001-20,000 ☐	20,001-50,000 ☐	50,001+ ☐
Office Phone/Fax	Home Phone	Mobile Phone	E-mail Address				
Sex ☐ Male ☐ Female	Marital Status ☐ Married ☐ Single	Form of Identification ☐ Int'l Passport ☐ National ID ☐ Driver's Licence ☐ Voter's Card					
Religion	Wedding Anniversary Date DD / MM / YY	☐ Others (specify) _____					
If "Married" Name of Spouse							
Next of Kin		Relationship	Address		Phone		
Signature & Date		Number	Date of Issuance DD / MM / YY		Expiry Date DD / MM / YY		
		Issuing Authority					

AUTHENTICATION FOR FINANCIAL INCLUSION

i. Is the customer socially or financially disadvantaged? YES ☐ NO ☐

ii. If answer to the (i) above is yes, state the other documents obtained in line with the Bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77(4) of AML/CFT Regulation, 2013

iii. Does the customer enjoy tiered KYC requirements? YES ☐ NO ☐

iv. If answer to question (iii) is yes, identify the customer risk category
Low Risk ☐ Medium Risk ☐ High Risk ☐

AUTHENTICATION FOR POLITICAL EXPOSED PERSONS

Is the Applicant a Politically Exposed person YES ☐ NO ☐

Date:.....

To: The Manager
Nugget Microfinance Bank Ltd
3, Olowosago Street Off Lagos by UBA, Ikorodu, Lagos.

CUSTOMER PLEDGE AND CONFIDENTIAL NOTE

This form is confidential, private and intended for you only.

I.....
hereby exonerate the bank from any loss of cash lodgment or remittance made through persons who purport to be acting on your behalf as representatives, if I fail to report to you of my non receipt of SMS alerts confirming such payment or lodgment after 24 hours of lodgment.

I am aware that the bank, in compliance with the above, will not accept responsibility for any loss or damages incurred or suffered as a result of my failure to report to the Head of Operations or Risk Manager or Customer Service Officer of your Bank after 24 hours from the date of the purported payment or lodgment.

I hereby agree that I will exercise due caution and abide by my pledge as stated above.

Bank Contact Telephone: 0803 824 7929, 0803 447 6171

Name:.....

Signature:.....

Telephone:.....

FOR BANK USE ONLY

DOCUMENTS OBTAINED

Completed Signature Card (2)	☐ Yes	☐ Deferred	A passport photographs of each Signatory	☐ Yes	☐ Deferred
Reference Forms (2)	☐ Yes	☐ Deferred	Identification Document	☐ Yes	☐ Deferred
Utility Bills	☐ Yes	☐ Deferred	Visitation Conducted	☐ Yes	☐ Deferred
Resident Permit (for Foreigners)	☐ Yes	☐ Deferred	Others.....	☐ Yes	☐ Deferred

Account Opened By:	Name	Signature & Date	
Account Authorised By:	Name	Signature & Date	
Deferral/Waiver Authorised By:		Signature & Date	
Account Source By:	Staff Name	Staff No	