

**FIRST INLAND BANK PLC**  
**CUSTOMER BASIC INFORMATION REPORT – BIR / KYC**  
**CUSTOMER INFORMATION QUESTIONNAIRE**

(This is administered on all customers before an account is opened and to update existing customer information with the Bank. It is imperative that the information supplied is accurate)

ACCOUNT NO.            NAIRA A/C \_\_\_\_\_  
                               DOM. A/C USD \_\_\_\_\_  
                               DOM. A/C GBP \_\_\_\_\_  
                               DOM A/C EURO \_\_\_\_\_  
                               WIN A/C \_\_\_\_\_  
                               VAC A/C \_\_\_\_\_

NAME (SURNAME FIRST): \_\_\_\_\_ Title: Mr./Mrs./Dr./Alh/Chief \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_

ADDRESS (HOME): \_\_\_\_\_

TEL No.: \_\_\_\_\_ INT'L PASSPORT/DRIVER'S LICENSE NO. \_\_\_\_\_

ADDRESS (OFFICE): \_\_\_\_\_

TEL NO \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OCCUPATION/LINE OF BUSINESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

ARE YOU SELF EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SELF EMPLOYED, STATE NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

WHO INTRODUCED YOU TO FIRST INLAND BANK \_\_\_\_\_

**EMPLOYMENT HISTORY**

	EMPLOYER	POSITION	PERIOD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

NO. OF YEARS WITH PRESENT EMPLOYER \_\_\_\_\_

ANNUAL INCOME \_\_\_\_\_

SOURCES OF INCOME (Please specify volumes)

- SALARY \_\_\_\_\_
- INVESTMENT DIVIDEND \_\_\_\_\_
- PENSION/RETIREMENT \_\_\_\_\_
- OTHERS (PLEASE SPECIFY): \_\_\_\_\_
- PROPERTY RENTAL: \_\_\_\_\_
- DIRECTOR'S FEE \_\_\_\_\_
- BENEFIT/GRATUITY \_\_\_\_\_

WILL YOU USE THE ACCOUNT FOR BUSINESS TRANSACTIONS? \_\_\_\_\_

IF YES, SPECIFY NATURE OF BUSINESS \_\_\_\_\_

ARE YOU INVOLVED IN ANY FORM OF IMPORTATION AND/OR EXPORTATION \_\_\_\_\_

LIST COUNTRIES OF IMPORT/EXPORT \_\_\_\_\_

TRANSACTION PROFILE

	Volume (Per Month)	# of Transaction(Per Month)
Do you receive Foreign Currency Inflow into your account?	_____	_____
If Yes, what is the mode of deposit:		
Cash	_____	_____
FCY Cheque/TC/Draft	_____	_____
Telegraphic Transfer/ Inflow	_____	_____
Do you request for Bank Drafts?	_____	_____
Do you purchase Traveler's cheques?	_____	_____
How often do you withdraw cash?	_____	_____
Do you transfer money through NIBSS?	_____	_____
Do you transfer money through VAC?	_____	_____
How often do you make deposits?		
Cash	_____	_____
Cheque	_____	_____
Incoming Transfer	_____	_____
Do you use FAB Flash.Me.Cash Option?	_____	_____
Do you use our Hold Mail Box? _____ YES _____ NO If Yes, Please State HMB No. _____		
Do you have Investments with First Inland Bank?		

	Volume (Quarterly)	No. of Transactions
If yes, which product?		
Call Deposit	_____	_____
Bankers Acceptance	_____	_____
Commercial Paper	_____	_____
Treasury Bill	_____	_____
Inland Inv. cert	_____	_____
Inland maritime Fund	_____	_____

Account Holder Name & Sign \_\_\_\_\_ Date \_\_\_\_\_

**FIRST INLAND BANK PLC**

**CUSTOMERS' COMPLIANCE DOCUMENT**

(This document must be completed by all those who intend to open an account with the bank)

First name/Name of business: -----

Middle name: -----

Last name: -----

Mother's maiden name: -----

Name of business: -----

Type of business: -----

Date of birth: -----/-----/----- (DD/MM/YYYY)

Occupation: -----

Type of identification: -----

Identification number/Incorporation:-----

Visa number (Foreigners only): -----

Date of issuance/Incorporation :-----/-----/------( DD/MM/YYYY)

Expiry date :-----/-----/------( DD/MM/YYYY)

Country of issuance:-----

Street address 1: -----

Street address 2:-----

City: -----

State: -----

ZIP: -----

Country:-----

Customer's Signature:-----