

Account Opening Form

(A member of Custodian Investment Plc Group)

Retirement Savings Voluntary Contribution (VC)	Micro Pension Contribution (MPC)	
National Identification Number (NIN)*	Bank Verification Number (BVN)*	
PIN Number	Reference Number Marketer Code	
Please Complete in BLOCK LETTERS		
1. Personal Details		
Surname*		Marital Status
First Name*		(M/S/D/W)*
Middle Name*	Title*	Gender (M/F)*
Wilder Name	Title*	Gender (M/F)"
Date of Birth (DD/MM/YYYY)* Place of Birth	n Maiden Name	
Mother's Maiden Name*	State of Origin* LGA*	
Current Home Address (Not P.O.Box)*		
Phone Number*	Mobile Phone Number*	
Postal Address (if different from the above)		
C' T	St. 1 th	
City/Town*	State* Country	
E-mail Address*		
Nature of Business*	Sector	
2. Employment Details		
2. Employment Details Employer code	Employee/ Service Number*	
Employer code	Employee/ Service Number	
Name of Organisation*		
Office Address (Not P.O.Box)*		
Office Address (100 1.0.100x)		
Office Phone Newsbar	f Employment (DD/MM/YYYY)* Type of Em	nlovment*
Office Phone Number Date of		
Date of	f First Appointment(DD/MM/YYYY)*	
Designation*		State of Posting*
Annual Basic Salary	Transport Allowance	
Allitual Basic Salary	Transport Anowance	•
Housing Allowance	Employer's Monthly Contribution	
Your Monthly Contribution	N D G G L II II	•
Your Monthly Contribution	Rate of Contribution Employee Employer	
Voluntary Contribution (VC)		. b . CII - J +
N	*Asterisked items are mandatory to	o be illiea"



3. Next of Kin	
Surname*	Title Gender (M/F)*
First Name* Middle Name	e*
	The state of the s
Relationship (Husband/Wife/Son/Daughter/Brother/Sister/etc) Date of Birth (DD/N	MM/YYYY)* Marital Status (M/S/D/W)*
Residential Address (Not P.O.Box)*	
City/Town* State* Country*	Phone Number
E-mail Address	
4. Contact Details	
For your account statements and other correspondence, please confirm how you want	them to be dispatched to you:
(Please Tick) Via Post E-mail Pick-up	Others Please Specify
	Date (DD/MM/YYYY)*
YOUR NAME SHOULD	Date (DD/MM/YYYY)*
BE BOLDLY WRITTEN AT THE BACK OF	Date (DD/MM/YYYY)*
BE BOLDLY WRITTEN	Date (DD/MM/YYYY)*
BE BOLDLY WRITTEN AT THE BACK OF	Date (DD/MM/YYYY)*
BE BOLDLY WRITTEN AT THE BACK OF YOUR PHOTOGRAPH	Date (DD/MM/YYYY)*
BE BOLDLY WRITTEN AT THE BACK OF YOUR PHOTOGRAPH Signature	Date (DD/MM/YYYY)*
BE BOLDLY WRITTEN AT THE BACK OF YOUR PHOTOGRAPH Signature	Date (DD/MM/YYYY)*
BE BOLDLY WRITTEN AT THE BACK OF YOUR PHOTOGRAPH Signature PASSPORT 5. Consent	Date (DD/MM/YYYY)*
BE BOLDLY WRITTEN AT THE BACK OF YOUR PHOTOGRAPH Signature PASSPORT	
Signature PASSPORT Signature PASSPORT Signature PASSPORT I hereby certify that the information provided in this form is correct. I further consent and authorize National Identity Management Commission to relate to the National Pension Commission (PenCom), upon request by my Pension Fur	ease my NIN information (as may be required) and Administrator, for the maintenance and
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Regional Offices:

CORPORATE HEAD OFFICE 14b, Keffi Street, Off Obafemi Awolowo Road, S/W Ikoyi, Lagos Tel: 012797250 PORT HARCOURT
No 1A, Evo Road,
Off Olu Obasanjo Road,
Beside Peperoni Fast Food,
G.R.A., Port Harcourt,
Rivers State. Tel: 0706 374 2599

IBADAN No 18, Obafemi Awolowo Way Opp. Nigeria Baptist Convention, Oke Bola Ibadan Tel: 0814 480 7383 ABUJA Suite F42, 4th Floor, River House 83, Raphael Sodeinde Street, Opp. Ministry of Finance HQ. CBD, Abuja. Tel: 0813 728 4995

We have offices in all the thirty six states of the federation.

On completion, send to 14B Keffi Street, Ikoyi Lagos, Nigeria P.M.B. 80174 or the nearest branch office