

Date:	D	D	М	М	Υ	Υ	Υ	Υ

NOMINEE INFORMATION FORM

For Bank Use Only					
Account No:				Nominee's Unique	Customer ID No:
Account Title:					
					ht to cancel and change the nominee at any ill be considered as payment of all kinds of
Number of Nominee:	Percenta	ge Allotted for th	is Nominee:		
Name of the Nominee:					
National ID Number:					Nominee's Photo (to be attested by accountholder)
Passport Number:		Is	ssuing Country:	Expiry Date:	
Date of Birth:	D D M M	YYYY	Relationship with App	licant:	
Address:					
	House:	Road:	Block/Plot:	Post Office:	Post Code:
	Police Station:		District:	Co	untry:
Other Information:	Father's Name:		_ Mother's Name:	Spouse:	Occupation:
received by: Name:	ording to the Secti	on 103(2) of the B	ank Company Act 1991	at the event of the death of Ac	countholder(s) the deposited money will be
Father's Name:					
Permanent Address:	House.	Dood	Plack/Dlate	Doct Office.	Post Code:
					untry:
Date of Birth:	M Y Y Y				·
	(0.1 / 1	-			
'assport/Birth Certificate/	Others (please spec	cify):		Ex	piry Date:
Applicant's Signature				_	Bank Official's Signature
Date:	/ Y Y Y				