

Registration Form Joint

Treasury Bills	
Account No.	
Personal Information	AFFIX AFFIX PASSPORT PASSPORT
Title	PICTURE PICTURE
First Name	HERE HERE
Last Name	
Other Names	Contact Information
Date of birth $\square \square / M M / Y Y Y Y$	Telephone
Gender	Email
Marital Status Single Married	Postal Address
ID Type Driver's License Passport Voter's ID NHIS	
Other	Permanent /
ID Number	Residential Address
Occupation	
Source of income	Investment Options
Other sources of funds	\square Redeem on Maturity \square Pay interest only on maturity
Purpose of investing	Initial Investment
	Amount
	Date DD/MM/YYYY
Next of kin	
Relationship	Receipt Number
Personal Information (Joint Account Holder)	Investment Horizon
Title	91 days 182 days 364 days 2 Years 1 year
First Name	Applicants Signatures
Last Name	Name
Other Names	Signature
Telephone	
Email	Name
ID Type Driver's License Passport Voter's ID NHIS	Signature
Other	
ID Number	For Official use only
	Officer's name
Note	Signature
* All telephone requests for withdrawals should be backed by an authorization ID from the client	
*Kindly use another form if there are additional joint account holders.	Date DD/MM/YYYY
	Agreed Rate