

TICKET ID

BANK VERIFICATION NUMBER ENROLMENT FORM

Please provide the necessary information (Fields marked with * are compulsory)

TITLE* _____

SURNAME* _____

FIRST NAME* _____

MIDDLE NAME* _____

DATE OF BIRTH* _____

DAY

MONTH

YEAR

GENDER* _____

☐

MALE

☐

FEMALE

please check one box only for every section

IDENTIFICATION DOCUMENT*

☐

DRIVERS
LICENSE

☐

VOTERS CARD

☐

INTERNATIONAL
PASSPORT

☐

OTHERS

☐

NATIONAL
IDENTITY CARD

MARITAL STATUS*

☐

SINGLE

☐

WIDOWER

☐

MARRIED

☐

WIDOW

☐

DIVORCED

☐

SEPARATED

NATIONALITY* _____

STATE OF ORIGIN* _____ L.G.A OF ORIGIN* _____

RESIDENTIAL ADDRESS* _____

STATE OF RESIDENCE* _____

L.G.A OF RESIDENCE* _____

LANDMARKS* _____

PHONE NUMBER 1* _____

PHONE NUMBER 2 _____

Signature*

Agreement Clauses

- I agree to submit my Biometric information and other Personal Identifiable Information (PII) to the Enroller as is required for BVN enrollment.
- I give permission for the Enrolling Institution to securely store and transmit this Biometric data for this purpose.
- I understand that a Biometric is a unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a particular person

Disclaimer Clause