

Passport

UBP Naira Credit MasterCard Application Form

Basic Information:	Staff	C	ustome	er (Ca	ash/	FTD	Back	red)[7	С	usto	ome	er (S	alaı	rv B	ack	ed)		
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Title: Mr. Mrs.	Miss.	Ms.	. <u> </u>	thers:															
Surname									П								Т		T
Sumame				-								-	-			-			
First Name								Mida	lile Na	mo									
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Preferred Name on Card										Un	ity Ba	nk A	ccour	ıt Nur	mber				
]										
Mobile Number							Mobile	e Nun	nber 2		T	1					Π		Τ
													1					1	
Email Address (Note: Cred	it card state	ment will	only be se	ent via	email	provi	ded)												
Residential Address (Detail	ed Address	with the r	nearest bu	s stop)	1						T								Π
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Supplementary Ca	rd. Car	dholde	er Rela	tions	hip:		Wif	e \square	Cł	nildre	en 🗆		0	the	rs [
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Supplementary Card 1:	ivame		1 1	+	+		+		_	-	1			LIII 	111				•••
Supplementary Card 2:	Name													Lim	nit				
Other Information																			
Profession/Business Oc	cupation																		
Applicant Position: Junio	or Staff	Senior St	aff 🔲 N	/liddle	Mgt	Se	enior M	gt. [Exec	utive N	1gt [
Present Employee's Name	& Address																		
Start Data			laa/a (~		Data	•	Calam	. Day	ant Da					:4	Ctat			
Start Date			plovee's (Johnson	nauon	Date		Salary	/ Pavm	eni Da	te		Sin	gle	arital N	Stati 1arri			
Day Month Year		Da	y Mont	h	Year			Day	/ Mo	onth									
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Income Details									E	ank Ve	rifica	tion N	Numb	er (B	VN)		Г		Τ
Gross Annual Income:		N	Net Month	ly Inco	me: N				∟			1	1	I	I	<u> </u>		L	
Other Bank Information	•																		
Other Dank Illiorillation																			
Account Name						Acco	unt Nu	ımbeı	·				.Ban	k Na	me				

Date of Birth Gender Nationality Male Female Nigerian Yes No If No, State:
State of Origin Local Government Area
Credit Card Limit Cash /FTD Account Number Cash FTD/ Security Amount
SETTLEMENT OPTION
Minimum Monthly Required Repayment:10% (Note Additional repayment can be done by customer via transfer or debit
instruction. Late payment fee will be charged if the customer defaults on the required minimum monthly repayment of 10%.
Standing Instruction Kindly debit my Account Number on the payment due date stated on the card statement
in settlement of my credit card balance and monthly fees.
Letter of Set - Off I hereby authorize the bank to, at any time and without notice to me, set-off or transfer any sum outstanding in my naira credit card to my
accounts maintained with Unity Bank and any other Bank towards the satisfaction of all liabilities due on my Unity Bank Secure Credit Card.
Customer Name:DateDate
Bank Use Only
Dank Ose Only
Processing Branch Name
NameDateStaff IDStaff ID
Approved By BSM
NameDateStaff IDStaff ID
Approved By BM
NameDateStaff IDStaff ID
Approved By ZSM
Name
Approved By ZH
NameDateStaff IDStaff ID
Approved By Chief Risk Officer
NameDateStaff IDStaff ID