



CENTRAL BANK OF NIGERIA

Financial Policy & Regulation Department
Central Business District
P.M.B. 0187
Garki, Abuja.

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E-mail: fprd@cbn.gov.ng

FPR/DIR/CIR/GEN/01/034

2nd October, 2012

CIRCULAR TO ALL BANKS AND OTHER FINANCIAL INSTITUTIONS

UNIFORM ACCOUNT OPENING FORMS

The absence of uniformity in account opening procedure and documentation for prospective customers has continued to hinder the effectiveness of KYC requirements in banks and other financial institutions in Nigeria. The adverse implication of this on the fight against money laundering and the combating of financing of terrorism cannot be overemphasized. The CBN, in conjunction with the Committee of Chief Compliance Officers of Banks in Nigeria (CCCOBIN) has therefore developed draft uniform account opening forms for adoption by banks and other financial institutions in order to:

- i. increase the effectiveness of customer due diligence (CDD);
- ii. comply with AML/CFT standards; and
- iii. facilitate quick investigation of financial crimes by relevant agencies.

In line with best practice, you are please requested to make your comments and critique on the draft documents structured as follows:

- i. **FORM A**- Account Opening Form for Individuals;
- ii. **FORM B**- Account Opening Form for Companies, Partnership & Sole Proprietorship; and
- iii. **FORM C**- Account Opening Form for Designated Non-Financial Businesses and Professions (DNFBPs).

Hard copies of your comments and response should be forwarded to the Director, Financial Policy and Regulation Department (FPRD) by 5th November, 2012 while soft copies be mailed to uaobot@cbn.gov.ng and abisah@cbn.gov.ng accordingly.

A handwritten signature in blue ink, appearing to read 'U.A. Obot'.

OBOT, U.A.

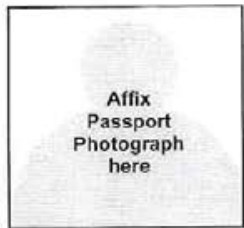
FOR: DIRECTOR, FINANCIAL POLICY AND REGULATION DEPARTMENT

ACCOUNT OPENING FORM-INDIVIDUAL

Account type (Please indicate the type of account you want to open by ticking in the box below

Current Account Savings Account Joint Account Domiciliary Account

\$ € ¥ £



ACCOUNT No. (for official use only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following **ABCE**

1. PERSONAL INFORMATION

Title Surname

First Name

Middle Name

Marital Status (Please tick) Single Married Other (please specify)

Gender F M

Date of Birth

Mother's Maiden Name

Nationality (for non Nigerian) Resident permit No.

State of Origin LGA

Tax Identification Number (TIN)

2. CONTACT DETAILS

Residential Address

Street Number Street Name

City/ Town

Landmarks

Phone Number (1) Phone Number (2)

E-mail Address

3. MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport * Other (please specify)

ID No. ID Issue Date ID Expiry Date

* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed ID 's

4. ACCOUNT SERVICE(S) REQUIRED (Please tick option below)

Card Preferences: Verve /ATM Card Master Card Visa Card

Internet Banking Preferences: Internet Banking Internet Banking Token (Fee applies) Mobile Banking Biometric ATM

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

Statement Preferences: Email Post Frequency: Monthly Quarterly Semi Quarterly

Cheque Book Requisition: Opened Cheque Crossed Cheque 50 Leaves 100 Leaves

Cheque Confirmation Threshold:

You will be required to pre confirm any cheque above Nxxx,000.00 if you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above Nxxx,000.00) N

ACCOUNT No. (for official use only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Other (Please specify)

Date of Employment (if employed)

D	D	H	H	Y	Y	Y	Y

Employer's Name

Employer's /Employment Address

Street Number Street Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/ Town

Nearest Bus Stop

Nature of Business/
Occupation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Office Phone Number Fax Number

6. DETAILS OF NEXT OF KIN

Surname

Middle Name

First Name

Relationship Mobile Number

E-mail Address:

Contact Details

Street Number: Street Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/Town

Nearest Bus Stop

Affix
Passport
Photograph
here

7a. PERSONAL INFORMATION FOR SECOND OR JOINT APPLICANT

Title Surname

First Name

Middle Name

Marital Status (Please tick) Single Married Other (please specify) Gender F M

Date of Birth

Mother's Maiden Name

Nationality (For non Nigerian) Resident permit No.

State of Origin LGA

Tax Identification Number (TIN)

7b. CONTACT DETAILS:

Residential Address

Street Number Street Name

City/ Town

Nearest Bus Stop

Phone Number (1) Phone Number (2)

E-mail Address

7c. MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport * Other (please specify)

ID No. ID Issue Date ID Expiry Date

* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed ID 's

7d. EMPLOYMENT DETAILS:

Employed Self Employed Unemployed Retired Student Other (Please specify)

Date of Employment (if employed)

Employer's Name

Employer's /Employment Address

Street Number Street Name

City/ Town

Landmarks

Nature of Business/
Occupation

Office Phone Number Fax Number

7e. DETAILS OF NEXT OF KIN

Surname

Middle Name

First Name

Relationship Mobile Number

E-mail Address:

Contact Details

Street Number Street Name

City/Town

Landmarks

8. PARTICULAR OF REFEREES

1.

Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address:

2.

Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address:

9. ADDITIONAL DETAILS

I Educational Qualification: Certification Date:

II Name of Beneficial Owner(s):

III Spouse's Name:

IV Spouse Date of Birth:

V Sources of Fund to the Account:

VI Sources of Wealth of the Account holder:

VII Name of Children:

S/N	NAME	DATE OF BIRTH (DD/MM/YYYY)	ADDRESS/E-MAIL

VIII Name of Associated Business(es):

1.	
2.	
3.	

IX Type of Business:

--

X Business Address:

XI ACCOUNT HELD WITH OTHER BANKS :

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED <small>(DDMMYY)</small>	STATUS: ACTIVE/DORMANT
1.					
2.					
3.					
4.					

10. TERMS AND CONDITIONS

I. ACCOUNT OPENING MANDATE

a. Type of Account (Please tick as appropriate) Current Savings Joint Domiciliary

b. Name of Organization

c. Account No.

d. Signatories:

i. Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____



FOR BANK USE ONLY

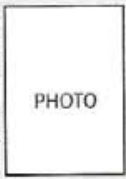
Name of Officer Signature

ii. Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____



FOR BANK USE ONLY

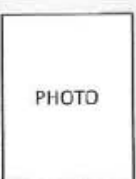
Name of Officer Signature

iii. Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____



FOR BANK USE ONLY

Name of Officer Signature

iv. Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____



FOR BANK USE ONLY

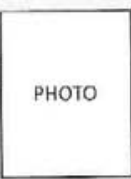
Name of Officer Signature

v. Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____



FOR BANK USE ONLY

Name of Officer Signature

vi. Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____



FOR BANK USE ONLY

Name of Officer Signature

NOTE: The institution can provide more space if the number of Signatories to the account is more than spaces (6) provided.

For Bank Use Only:

A. ACCOUNT OPENED BY:

Name

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL/WAIVER OF DOCUMENT(IF ANY) AUTHORIZED BY:

Name

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

COMMENT(S):

.....
.....
.....

D. ACCOUNT OPENING APPROVED BY:

Name

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:..... Date:

D	D	M	M	Y	Y	Y	Y

ACCOUNT OPENING FORM - COMPANIES, PARTNERSHIP & SOLE PROPRIETORSHIP

Account Type(please tick) Current Account Fixed Deposit Account Domiciliary Account \$ € £ ₤

ACCOUNT No. (for official use only)

BRANCH _____

1. COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

Company Name

Certificate of incorporation number

Date of Incorporation

Type of Business

Operating Business Address

Corporate Business Address/
Registered office
(if different from above)

Email address

Website (if any)

Phone Number (1) Phone Number (2)

Tax Identification Number (TIN) CRM No/ Borrower's Code

2. ANNUAL TURNOVER

N5 Billion - Above N4.99Billion-N500 Million N499.9Million - N50 Million N49.9 Million Below
Is Your Company Quoted On The Stock Exchange? Yes No

3. ACCOUNT SERVICE(S) REQUIRED (Please tick option below)

Card Preferences: Verve /ATM Card Master Card Visa Card (Cards Are Applicable For Sole Proprietorship Account Only)

Internet Banking Preferences: Internet Banking Internet Banking Token (Fee applies) Mobile Banking Biometric ATM

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

Statement Preferences: Email Post Frequency: Monthly Quarterly Semi Quarterly

Cheque Book Requisition: Opened Cheque Crossed Cheque 50 Leaves 100 Leaves

4. CHEQUE CONFIRMATION THRESHOLD

You will be required to pre confirm any cheque above Nxxx,000.00
If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above Nxxx,000.00)

5. KEY CONTACT PERSONS /PRINCIPAL OFFICERS DETAILS:

1. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

2. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

3. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

4. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

6. ACCOUNT SIGNATORY'S DETAILS

1. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Class of Signatory Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please indicate class in the box provide)

2. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Class of Signatory Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please indicate class in the box provide)

3. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Class of Signatory Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please indicate class in the box provide)

7. DIRECTOR'S DETAILS

1. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Signature _____ Date

2. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Signature _____ Date

3. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Signature _____ Date

8. FOR SOLE PROPRIETORSHIP

I. PERSONAL INFORMATION

Title Surname

First Name

Middle Name

Nick Name Gender F M

Marital Status (Please tick) Single Married Other (please specify) Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Maiden Name

Nationality (for non Nigerian) Resident permit No.

State of Origin LGA

Tax Identification Number (TIN)

II. CONTACT DETAILS

Residential Address

Street Number Street Name

City/ Town

Landmarks

Phone Number (1) Phone Number (2)

E-mail Address

III. MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport * Other (please specify)

ID No. ID Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 ID Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed ID 's

IV. DETAILS OF NEXT OF KIN

Surname

Middle Name

First Name

Relationship Mobile Number

E-mail Address:

Contact Details

Street Number Street Name

City/Town

Landmarks

V. DETAILS OF NEXT OF KIN

Surname

Middle Name

First Name

Relationship

Mobile Number

E-mail Address:

Contact Details

Street Number

Street Name

City/Town

Nearest Bus Stop

9. ADDITIONAL DETAILS:

I. Name of affiliated company/Body: 1.

2.

3.

II. PRINCIPAL SHAREHOLDERS (Shareholding of 5% and above)

a. Surname

Middle Name

First Name

Residential Address:

Status

Percentage holding

Mobile Number

E-mail Address:

b. Surname

Middle Name

First Name

Residential Address:

Status

Percentage holding

Mobile Number

E-mail Address:

c. Surname

Middle Name

First Name

Residential Address:

Status

Percentage holding

Mobile Number

E-mail Address:

III. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE PROPRIETORSHIP

S/N	NAME AND ADDRESS OF BANK BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT
1.					
2.					
3.					
4.					

IV. DIRECTOR BANK ACCOUNT DETAILS

S/N	NAME AND ADDRESS OF BANK BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT
1.					
2.					
3.					
4.					

10. PARTICULARS OF REFEREES

1.

Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address:

2.

Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address:

11. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

..... Bank Plc
.....
.....

Dear Sir,

We hereby authorize you to debit our account with the sum of N..... being the legal cost of search conducted on our account at the Corporate Affairs Commission.
Thank you.

Yours faithfully,

.....
.....

12. LETTER OF SET-OFF

Miss/Mr/Mrs/Chief.....
.....

..... Bank Plc
.....
.....

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with all liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

.....
.....

13. ACCOUNT OPENING MANDATE

S E Y Z

a. Type of Account {

b. Name of Organization

c. Account No.

d. Signatories:

i Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

ii Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

iii Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

iv Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

v Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

vi Name: Surname First Name Middle Name

Identification Type: _____

Identification No: _____

Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

NOTE: The institution can provide more space if the number of Signatories to the account is more than spaces (5) provided.

14. TERMS AND CONDITION

15. MANDATE & RESOLUTION

CUSTOMER INFORMATION

I/We hereby apply for the opening of any account or accounts with.....Bank Plc. I/We understand that the information given herein is the basis for opening such account(s) and hereby warrant that such information is correct.

I/We agree to use the account for only transactions permitted by law and to be bound by the terms and conditions governing the operation of the account(s).

Authorized Signature of the Customer /Representative & Date

Authorized Signature of the Customer /Representative & Date

16. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON

Name

Status

Signature

Date

D	D	M	M	Y	Y	Y	Y

Name

Status

Signature

Date

D	D	M	M	Y	Y	Y	Y

Company Seal here

17. IN THE PRESENCE OF:

Name

Address

Occupation

Signature

Date

D	D	M	M	Y	Y	Y	Y

FOR BANK USE ONLY

18. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Copy of certificate of incorporation				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Company)				
6.	(a)Form C07 Particulars of Directors				
7.	(b)Form C02 Allotment of Shares				
8.	Partnership Deed				
9.	Approval Letter (for Government Agency)				
10.	Gazette(for Government Agency)				
11.	Two(2) passport sized photographs of each signatory to the account with name written on the reverse side				
12.	Introduction letter with two (2) passport sized photographs of contact persons or authorized agent				
13.	Status report from Banker (where Applicable)				
14.	Resident Permit (for non-Nigerians)				
15.	Evidence of Registration with NIPC				
16.	Search Report				
17.	Power of Attorney				
18.	Letter of indemnity				
19.	Proof of Company address				
20.	Business Premises visitation certificate				
21.	Proof of identity of all Signatories and Directors				
22.	Proof of Address all Signatories and Directors: Utility bill (Certified true copy is acceptable if original is not held)				
	Other (please specify)				

For Bank Use Only:

A. ACCOUNT OPENED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORIZED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

COMMENT(S):

.....
.....
.....

D. ACCOUNT OPENING APPROVED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

ACCOUNT OPENING FORM - DESIGNATED NON-FINANCIAL INSTITUTIONS (DNFIS)

Occupation Pension Scheme Account Charity Account Religious Organisation Societies & Clubs Account Others

Account type (Please indicate the type of account you want to open by ticking in the box below

Current Account Fixed Deposit Account Domiciliary Account **S E V £**

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following 

ACCOUNT No. (for official use only)

BRANCH _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. ACCOUNT DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

Name of Organisation: _____

Certificate of Registration Number _____

Date of Registration

D	D	M	M	Y	Y	Y	Y

Registered Address _____

Mailing/Correspondence Address _____

State (For Public Org.) _____ L.G.A.(For Public Org.) _____

Email address _____

Website (if any) _____

Phone Number (1) _____ Phone Number (2) _____

Tax Identification Number (TIN) _____

2. ACCOUNT SERVICE(S) REQUIRED (Please tick option below)

Internet Banking Preferences: Internet Banking Internet Banking Token (Fee applies) Mobile Banking Biometric ATM

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

Statement Preferences: Email Post Frequency: Monthly Quarterly Semi Quarterly

Cheque Book Requisition: Opened Cheque Crossed Cheque 50 Leaves 100 Leaves

3. CHEQUE CONFIRMATION THRESHOLD

You will be required to pre confirm any cheque above Nxxx,000.00

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above Nxxx,000.00)

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4. PARTICULARS OF KEY CONTACT PERSONS

1. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

2. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

3. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

4. Surname

First Name

Middle Name

Date of Birth Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

5. ACCOUNT SIGNATORY'S DETAILS

1. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Class of Signatory Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please indicate class in the box provide)

2. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Class of Signatory Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please indicate class in the box provide)

3. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Class of Signatory Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please indicate class in the box provide)

6. PARTICULAR OF TRUSTEES/PROMOTERS

1. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Surname

First Name

Middle Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender: M F Mother's Maiden Name:

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail:

Signature _____ Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. ADDITIONAL DETAILS:

I. Name of affiliated company/Body: 1.

2.

3.

II. Sources of Fund to the Account:

III. Name of Beneficial Owner(s):

IV. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE DNFIS

S/N	NAME AND ADDRESS OF BANK BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT
1.					
2.					
3.					
4.					

V. DETAILS OF ACCOUNT OF TRUSTEES/PROMOTERS

S/N	NAME AND ADDRESS OF BANK BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT
1.					
2.					
3.					
4.					

8. PARTICULARS OF REFEREES

1.

Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address:

2.

Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address:

9. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

10. LETTER OF SET-OFF

LETTER OF SET-OFF

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with all liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

12. TERMS AND CONDITION

13. MANDATE & RESOLUTION

CUSTOMER INFORMATION

I/We hereby apply for the opening of any account or accounts with.....Bank Plc. I/We understand that the information given herein is the basis for opening such account(s) and hereby warrant that such information is correct.

I/We agree to use the account for only transactions permitted by law and to be bound by the terms and conditions governing the operation of the account(s).

Authorized Signature of the Customer /Representative & Date

Authorized Signature of the Customer /Representative & Date

14. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON

Name

Status

Signature Date

D	D	M	M	Y	Y	Y	Y

Name

Status

Signature Date

D	D	M	M	Y	Y	Y	Y

Company Seal here

15. IN THE PRESENCE OF:

Name

Address

Occupation

Signature Date

D	D	M	M	Y	Y	Y	Y

16. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Copy of certificate of Registration				
4.	Board/Executive Council Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Company)				
6.	(a)Form C07 Particulars of Directors/Trustees/Promoters				
7.	Copy Financial				
8.	Two(2) passport sized photographs of each signatory to the account with name written on the reverse Side				
9.	Introduction letter with two (2) passport sized photographs of contact persons or authorized agent				
10.	Status report from Banker (where Applicable)				
11.	Resident Permit (for non-Nigerians)				
12.	Evidence of Registration with SCUML				
13.	Search Report				
14.	Power of Attorney				
15.	Letter of indemnity				
16.	Proof of Organisation address				
17.	Registered Address visitation certificate				
18.	Proof of identity of all Signatories and Trustees/Promoters				
19.	Proof of Address all Signatories and Trustees/Promoters: Utility bill (Certified true copy is acceptable if original is not held)				
20.	Other (please specify)				

17. For Bank Use Only:

A. ACCOUNT OPENED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL/WAIVER OF DOCUMENT(IF ANY) AUTHORIZED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

COMMENT(S):

.....
.....
.....
.....

D. ACCOUNT OPENING APPROVED BY:

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:.....

Date:

D	D	M	M	Y	Y	Y	Y