



Account Opening Form Business Banking

www.stanbicibtcbank.com



Stanbic IBTC Holdings PLC RC 1018051

"Moving Forward is a trademark of The Standard Bank of South Africa Limited"

Stanbic IBTC Bank Moving Forward™
A member of
Standard Bank Group

5. ACCOUNT SIGNATORY'S DETAILS

I. Surname	Other Name									
First Name	Mother's Maiden Name									
Date of Birth	D D	M M	Y Y Y Y	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Title (specify) <input type="checkbox"/>			
Nationality (for non-Nigerians)	Country of residence									
Means of Identification	ID No.									
ID Issue Date	D D	M M	Y Y Y Y	ID Expiry Date	D D	M M	Y Y Y Y			
BVN:										
Occupation	Status/Job Title									
Position/Office of the Officer										
Residential Address										
House Number	Street Name									
Nearest Bus Stop/Landmark										
City/ Town	Local Govt. Area									
State										
Phone Number (1)	Phone Number (2)									
E-mail Address										
Class of Signatory (Please indicate class in the box provided)				Signature				Date		

2 Surname	Other Name									
First Name	Mother's Maiden Name									
Date of Birth	D D	M M	Y Y Y Y	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Title (specify) <input type="checkbox"/>			
Nationality (for non-Nigerians)	Country of residence									
Means of Identification	ID No.									
ID Issue Date	D D	M M	Y Y Y Y	ID Expiry Date	D D	M M	Y Y Y Y			
BVN:										
Occupation	Status/Job Title									
Position/Office of the Officer										
Residential Address										
House Number	Street Name									
Nearest Bus Stop/Landmark										
City/ Town	Local Govt. Area									
State										
Phone Number (1)	Phone Number (2)									
E-mail Address										
Class of Signatory (Please indicate class in the box provided)				Signature				Date		

3 Surname	Other Name																			
First Name					Mother's Maiden Name															
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Title (specify) <input type="text"/>						
Nationality (for non-Nigerians)					Country of residence					Resident Permit No.										
Means of Identification																				
ID Issue Date	D	D	M	M	Y	Y	Y	Y	ID Expiry Date			D	D	M	M	Y	Y	Y	Y	ID No. <input type="text"/>
BVN:	<input type="text"/>																			
Occupation					Status/Job Title															
Position/Office of the Officer																				
Residential Address																				
House Number					Street Name															
Nearest Bus Stop/Landmark																				
City/ Town					Local Govt. Area															
State																				
Phone Number (1)					Phone Number (2)															
E-mail Address																				
Class of Signatory (Please indicate class in the box provided)					<input type="text"/>					<input type="text"/>										
Signature <input type="text"/>										Date <input type="text"/>										

4 Surname	Other Name																				
First Name					Mother's Maiden Name																
Date of Birth		D	D	M	M	Y	Y	Y	Y	Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Title (specify) <input type="checkbox"/>						
Nationality (for non-Nigerians)					Country of residence					Resident Permit No.											
Means of Identification																					
ID Issue Date		D	D	M	M	Y	Y	Y	Y	ID Expiry Date			D	D	M	M	Y	Y	Y	Y	ID No. <input type="checkbox"/>
BVN: <input type="checkbox"/>																					
Occupation					Status/Job Title																
Position/Office of the Officer																					
Residential Address																					
House Number					Street Name																
Nearest Bus Stop/Landmark																					
City/ Town					Local Govt. Area																
State																					
Phone Number (1)					Phone Number (2)																
E-mail Address																					
Class of Signatory (Please indicate class in the box provided)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>						
Signature <input type="checkbox"/>										<input type="checkbox"/>					<input type="checkbox"/>						
Date <input type="checkbox"/>																					

6 A. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

I. Surname	Other Name										
First Name	Mother's Maiden Name										
Date of Birth	D D	M M	Y Y	Y Y	Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Title (specify) <input type="text"/>	
Nationality (for non-Nigerians)	Country of residence										Resident Permit No.
Means of Identification	ID No.										
ID Issue Date	D D	M M	Y Y	Y Y	ID Expiry Date	D D	M M	Y Y	Y Y		
BNV:	<input type="text"/>										
Occupation	Status/Job Title										
Position/Office of the Officer											
Residential Address											
House Number	Street Name										
Nearest Bus Stop/Landmark											
City/ Town	Local Govt. Area										
State											
Phone Number (1)	Phone Number (2)										
E-mail Address											

2 Surname	Other Name										
First Name	Mother's Maiden Name										
Date of Birth	D D	M M	Y Y	Y Y	Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Title (specify) <input type="text"/>	
Nationality (for non-Nigerians)	Country of residence										Resident Permit No.
Means of Identification											
ID Issue Date	D D	M M	Y Y	Y Y	ID Expiry Date	D D	M M	Y Y	Y Y	ID No. <input type="text"/>	
BVN:	<input type="text"/>										
Occupation	Status/Job Title										
Position/Office of the Officer											
Residential Address											
House Number	Street Name <input type="text"/>										
Nearest Bus Stop/Landmark											
City/ Town	Local Govt. Area										
State											
Phone Number (1)	Phone Number (2) <input type="text"/>										
E-mail Address <input type="text"/>											

3. Surname _____ Other Name _____

First Name _____ Mother's Maiden Name _____

Date of Birth

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

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

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

 Gender M F Title (specify)

Nationality (for non-Nigerians) _____ Country of residence _____ Resident Permit No. _____

Means of Identification _____ ID No. _____

ID Issue Date

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

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

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

 ID Expiry Date

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

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

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

BVN:

Occupation _____ Status/Job Title _____

Position/Office of the Officer _____

Residential Address _____

House Number _____ Street Name _____

Nearest Bus Stop/Landmark _____

City/ Town _____ Local Govt. Area _____

State _____

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

E-mail Address _____

4 Surname _____ Other Name _____

First Name _____ Mother's Maiden Name _____

Date of Birth

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

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

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

 Gender M F Title (specify)

Nationality (for non-Nigerians) _____ Country of residence _____ Resident Permit No. _____

Means of Identification _____ ID No. _____

ID Issue Date

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

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

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

 ID Expiry Date

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

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

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

BVN:

Occupation _____ Status/Job Title _____

Position/Office of the Officer _____

Residential Address _____

House Number _____ Street Name _____

Nearest Bus Stop/Landmark _____

City/ Town _____ Local Govt. Area _____

State _____

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

E-mail Address _____

5. Surname _____ Other Name _____

First Name _____ Mother's Maiden Name _____

Date of Birth

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

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

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

 Gender M F Title (specify)

Nationality (for non-Nigerians) _____ Country of residence _____ Resident Permit No. _____

Means of Identification _____ ID No. _____

ID Issue Date

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

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

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

 ID Expiry Date

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

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

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

BVN:

Occupation _____ Status/Job Title _____

Position/Office of the Officer _____

Residential Address _____

House Number _____ Street Name _____

Nearest Bus Stop/Landmark _____

City/ Town _____ Local Govt. Area _____

State _____

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

E-mail Address _____

6. Surname _____ Other Name _____

First Name _____ Mother's Maiden Name _____

Date of Birth

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

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

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

 Gender M F Title (specify)

Nationality (for non-Nigerians) _____ Country of residence _____ Resident Permit No. _____

Means of Identification _____ ID No. _____

ID Issue Date

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

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

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

 ID Expiry Date

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

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

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

BVN:

Occupation _____ Status/Job Title _____

Position/Office of the Officer _____

Residential Address _____

House Number _____ Street Name _____

Nearest Bus Stop/Landmark _____

City/ Town _____ Local Govt. Area _____

State _____

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

E-mail Address _____

6 B. DETAILS OF A SOLE PROPRIETOR

I. PERSONAL INFORMATION

Title _____	Surname _____																																
First Name _____	Other Name _____																																
Marital Status (Please tick) Single <input type="checkbox"/> Married <input type="checkbox"/> Others (please specify) _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>																																
Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y	Y	Y									Place of Birth _____																
D	D	M	M	Y	Y	Y	Y																										
Mother's Maiden Name _____																																	
Nationality (for non Nigerian) _____	Resident permit No. _____																																
Permit Issue Date. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y	Y	Y									Permit Expiry Date. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y																										
D	D	M	M	Y	Y	Y	Y																										
L.G.A _____	State of Origin _____																																
Tax Identification Number (TIN) _____																																	

II. CONTACT DETAILS

Business/Residential Address	
House Number _____	Street Name _____
Nearest Bus Stop/Landmark _____	
City/ Town _____	Local Govt. Area _____
State _____	
Phone Number (1) _____	Phone Number (2) _____

E-mail Address _____

III. MEANS OF IDENTIFICATION

National ID Card <input type="checkbox"/>	National Driver's License <input type="checkbox"/>	International Passport <input type="checkbox"/>	Valid INEC Voters Card <input type="checkbox"/>	Others _____																															
ID No. _____	ID Issue Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y	Y	Y									ID Expiry Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>		D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y																												
D	D	M	M	Y	Y	Y	Y																												
BVN: <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table>																																			

IV. DETAILS OF NEXT OF KIN

Surname _____	Other Name _____																
First Name _____	Gender F <input type="checkbox"/> M <input type="checkbox"/> Title (Specify) <input type="checkbox"/>																
Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y	Y	Y									Relationship _____
D	D	M	M	Y	Y	Y	Y										
Mobile Number 1 _____	Mobile Number 2 _____																
E-mail Address _____																	
Contact Details																	
House Number _____	Street Name _____																
Nearest Bus Stop/Landmark _____																	
City/Town _____	Local Govt. Area _____																
State _____																	

7. ADDITIONAL DETAILS:

1. Name of affiliated company/body: 1.

2.

3.

2 Parent Company's Country of Incorporation

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	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				
4.				

8. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

..... Bank Plc

.....

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or relevant agency/authority.

Thank you.

Yours faithfully,

Authorized Signature of the Customer /Representative & Date

Authorized Signature of the Customer /Representative & Date

9. LETTER OF INDEMNITY

CUSTOMER INFORMATION

I/We hereby apply for the opening of any account or accounts with Stanbic IBTC 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 further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

" In Witness whereof , the common seal of.....(Name of Company) is hereby affixed this.....day of.....20.....
In the presence of :

Director (Name and Signature)

Director/Secretary (Name and Signature)

10. 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

To: Stanbic IBTC Bank PLC

I.B.T.C. Place,
Walter Carrington Crescent
Victoria Island
Lagos

INDEMNITY: AUTHORISATION GIVEN IN RELATION TO THE PROCESSING OF INSTRUCTIONS AND PAYMENT

I/We refer to Account(s) _____ held and operated by me/us with Stanbic IBTC Bank PLC ("Stanbic IBTC") at _____ Branch [hereinafter jointly and severally called "the Account" which expression shall be deemed to include any reclassification or renumbering of the accounts specified herein as well as any other accounts that I/We may subsequently establish and operate with Stanbic IBTC at any other office(s) or branch(es) that Stanbic IBTC may from time to time maintain elsewhere in Nigeria] and wish to advise and confirm as follows:

WHEREAS:

- A. I/We have requested Stanbic IBTC to act on instructions transmitted by me/us to it by electronic mail (email) or verbal instructions via telephone for services, requests and enquiries which include but are not limited to the following:(s):
Queries, Complaints, Account Balance Inquiry, Transactional Product Request, Savings Account, Fixed Deposit Account, Telegraphic Transfer, Channel Requests, Internet/Mobile Banking, POS Terminals, Payment Gateway, Loan Requests, Day One on Boarding Call, Day 30 Follow Up Call, Product Sales/Campaigns, Dormant/Inactive Account Reactivation, Proactive Cross-Sell, Cheque Confirmation, Excesses / Covenant Breaches, Pre-NPLs / Stressed Accounts, BVN / KYC Compliance.
- B. Pursuant to our/ instructions to Stanbic IBTC to act on verbal or email instructions which purport to emanate from me/us for any or all of the above requests, products and services. Stanbic IBTC has accepted to act on, execute, carry out or handle such e-mail and verbal instructions subject to us/me fully indemnifying Stanbic IBTC against all losses, costs and expenses that may be suffered or incurred by Stanbic IBTC in consequence thereof.
- C. I/We have agreed to give Stanbic IBTC the Indemnity in the manner hereinafter appearing.
- E In consideration of Stanbic IBTC acceding to the Request(s) made by me/us as Account holder(s) for any or all of the above stated services, I/we hereby agree and undertake to Indemnify Stanbic IBTC against all losses, costs and expenses that may be suffered or incurred by it in consequence of its granting the Request(s) or arising therefrom

NOW THEREFORE I/we, the undersigned DO HEREBY declare –

1. I/We fully understand and acknowledge that verbal instructions via telephone or electronic mail are insecure transmission media. I/We hereby indemnify Stanbic IBTC in full for any loss, cost and expenses it may suffer or incur by reason of its acting on, executing, effecting or honouring such instructions from me /us irrespective of whether same are in fact erroneous, fraudulent or issued otherwise than as aforesaid.
2. I/We acknowledge that it is not practical for Stanbic IBTC to establish the authenticity of all messages received via telephone or emailed to Stanbic IBTC but I/We undertake to verify all illegible signatures which purport to emanate from me/us;
3. I/We agree that all verbal instructions, email instructions, mandates, consents, commitments and the like which purport to emanate from me/us shall be deemed to have been given by me/us in the form actually received by Stanbic IBTC ("purported verbal/mailed instructions") which may, as a result of the malfunction of equipment, the distortion of communication links and the like, be different to that intended or sent and I/we hereby agree to be bound thereby;
4. I/We hereby waive any rights I/we may have or obtain against Stanbic IBTC arising directly or indirectly from any losses or damages which I/we may suffer because Stanbic IBTC acts on any purported verbal/mailed instructions; and I/we agree to indemnify Stanbic IBTC in full in respect of any claims, demands or actions made against it or losses or damages suffered by it, which are not as a result of any omission, negligence or willful default on the part of any Stanbic IBTC's employees or agents acting in the course of their employment;
5. I/We agree to implement and adhere to any procedure, measures and/or restrictions imposed on me/us by Stanbic IBTC from time to time regarding giving verbal instructions via telephone, sending of email instructions to it and or using e-mail instructions to operate my /our Account.;
6. Please note that my/our phone numbers +234_____ or e-mail address _____
+234_____ or e-mail address _____
+234_____ or e-mail address _____

shall be effective for the purposes of giving verbal instructions or providing the electronic mail instructions and authorizations which I/We shall give to Stanbic IBTC from time to time in respect of the Account(s); for requesting for the aforementioned services and for receiving any clarifications or confirmations from Stanbic IBTC in connection with my/our instructions and authorizations.

7. This Indemnity shall remain valid and binding on me/us throughout the period that the Account is maintained and operated by me/us with Stanbic IBTC and until I/we have fully indemnified Stanbic IBTC for any cost, loss or expenses that may have arisen; been sustained or incurred by Stanbic IBTC as a result of acting on, effecting or honouring my verbal instructions and e-mail instructions.
8. This indemnity shall be governed by and construed in accordance with the laws of the Federal Republic of Nigeria.

Dated this _____ day of _____ 20_____

Name(s) of Account Holder _____

Signed _____

THE COMMON SEAL of the within-named "Account Holder"

Was hereunto affixed in the presence of: _____

In the presence of

Name _____

Address _____

Occupation: _____

Signature _____

DIRECTOR

DIRECTOR/SECRETARY

FOR BANK USE ONLY

1. 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 CAC Certificate of Registration				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Companies)				
6.	(a)Form C07 Particulars of Directors (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
7.	(b)Form C02 Allotment of Shares (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
8.	Partnership Deed (where applicable)				
9.	Approval Letter (for Government Agency)				
10.	Act/Gazette(for Government Agency) (where applicable)				
11.	Two(2) passport sized photographs of each signatory to the account with name written on the reverse Side				
12.	Introduction letter (where applicable)				
13.	Status report from Banker (where applicable)				
14.	Resident Permit (for non-Nigerians)				
15.	Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable)				
16.	Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable)				
17.	Search Report				
18.	Power of Attorney (where applicable)				
19.	Letter of indemnity				
20.	Proof of Company address				
21.	Business Premises visitation certificate				
22.	Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (Preferred Identity card are Int'l Passport, National Identity Card, National Driver's Licence, and Valid Nigerian INEC Voter's card , National Identification Number)				
23.	Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document Utility bill (Certified true copy is acceptable if original is not held)				
24.	Two completed satisfactorily reference forms.				
25.	Copy of the audited financial statements				
26.	Others (please specify)				
27.	Watch list check report				
28.	Corporate search				
29.	TIN (Tax Identification Number)				
30.	BVN of all Directors and Signatories to the account				

A. ACCOUNT OPENED BY:

Name

Signature

Date:

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

Name

Signature

Date:

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

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

Name

Signature:.....

Date:

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

Name

Signature:.....

Date:

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

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature:.....

Date:

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

Name

Signature:.....

Date:

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

COMMENT(S)(Address description and result finding):
.....
.....
.....
.....**D. ACCOUNT OPENING AUTHORIZED/ APPROVED BY:**

Name

Signature:.....

Date:

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

Name

Signature:.....

Date:

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

ACCOUNT OPENING REFERENCE

Account number

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

Branch

Re:

The above named company has expressed interest in opening an account with us and has given your name as a referee. We should be grateful if you would confirm, in confidence, that the applicant is known to you and is a company to whom the usual banking facilities may be extended. In replying, kindly complete the form below, giving the name and address of the Bank with which you maintain a current account, and return to Stanbic IBTC Bank PLC at the address below. Please note that most banks will only give the required response where you have maintained an account with them for at least six months. We would also recommend that you only issue a reference in respect of a company that is well known to you.

REFERENCE INFORMATION

We wish to confirm that the above mentioned company has been Known to us for _____ years

Name

Address

LGA/City/Town

Country

Telephone

Mobile number

Signature

Date (DD/MM/YY)

BANKER'S INFORMATION (NAME AND ADDRESS OF REFEREE'S BANKER)

Name

Address

LGA/City/Town

Country

Telephone

Mobile number

Account number

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

And I hereby authorize you to request a reference from my bank

Signature

Date (DD/MM/YY)

BANKER'S COMMENTS

ACCOUNT OPENING REFERENCE

Account number Branch

Re:

The above named company has expressed interest in opening an account with us and has given your name as a referee. We should be grateful if you would confirm, in confidence, that the applicant is known to you and is a company to whom the usual banking facilities may be extended. In replying, kindly complete the form below, giving the name and address of the Bank with which you maintain a current account, and return to Stanbic IBTC Bank PLC at the address below. Please note that most banks will only give the required response where you have maintained an account with them for at least six months. We would also recommend that you only issue a reference in respect of a company that is well known to you.

REFERENCE INFORMATION

We wish to confirm that the above mentioned company has been known to us for _____ years

Name

Address

LGA/City/Town Country

Telephone Mobile number

Signature Date (DD/MM/YY)

BANKER'S INFORMATION (NAME AND ADDRESS OF REFEREE'S BANKER)

Name

Address

LGA/City/Town Country

Telephone Mobile number

Account number

And I hereby authorize you to request a reference from my bank

Signature Date (DD/MM/YY)

BANKER'S COMMENTS

13. ACCOUNT OPENING MANDATE

(Please indicate the business category and type of account to open by ticking the applicable box below)

Category of business:

Limited Liability Company Partnership Sole proprietor Schools Others, please specify: _____

Account Type:

Current Account *Biz-Smart *Biz-Smart Plus Investment Account Domiciliary Account

\$	€	£	Others	Export proceeds

b. Account Name _____

c. Account No. _____

d. Mandate authorisation/Combination rule (please tick as appropriate):

Sole Signatory Two or more If two or more are to sign, Please specify _____

e. Signatories

1. Name: _____

Surname: _____

First Name: _____

Other Name: _____

Class of Signatory: _____

Identification Type: _____

Identification No: _____

BVN:

Telephone Number: _____

PHOTO

Signature

Date

FOR BANK USE ONLY

Name

Signature

FOR BANK USE ONLY

Name

Signature

2. Name: _____

Surname: _____

First Name: _____

Other Name: _____

Class of Signatory: _____

Identification Type: _____

Identification No: _____

BVN:

Telephone Number: _____

PHOTO

Signature

Date

FOR BANK USE ONLY

Name

Signature

FOR BANK USE ONLY

Name

Signature

3. Name: _____

Surname: _____

First Name: _____

Other Name: _____

Class of Signatory: _____

Identification Type: _____

Identification No: _____

BVN:

Telephone Number: _____

PHOTO

Signature Date

FOR BANK USE ONLY

Name Signature

FOR BANK USE ONLY

Name Signature

4. Name: _____

Surname: _____

First Name: _____

Other Name: _____

Class of Signatory: _____

Identification Type: _____

Identification No: _____

BVN:

Telephone Number: _____

PHOTO

Signature Date

FOR BANK USE ONLY

Name Signature

FOR BANK USE ONLY

Name Signature

ENTERPRISE ONLINE INTERNET BANKING APPLICATION FORM

Account Information

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Company Account Name _____

Telephone Number _____

Address _____

S/N	Account Name (List accounts to be activated)	Account Number
1		
2		
3		
4		
5		

User Information

Kindly nominate the user for the following role on your profile:

Initiator: This User initiates and submits all transactions

Approver: This User approves transactions on accounts. Please note that this user must be an authorised signatory to the account or the company shall provide a board resolution to the bank authorizing such persons to act in that capacity.

Viewer: This User views transactions and statements on the nominated accounts.

S / N	User Details		Role <i>(Please specify either Initiator or Approver) e.g. Initiator 1, Approver 1</i>	Signature
1	Full Name			
	Mobile Number			
	E-mail Address			
	Preferred means of receiving One Time Password <input type="checkbox"/> Email <input type="checkbox"/> SMS			
2	Full Name			
	Mobile Number			
	E-mail Address			
	Preferred means of receiving One Time Password <input type="checkbox"/> Email <input type="checkbox"/> SMS			
3	Full Name			
	Mobile Number			
	E-mail Address			
	Preferred means of receiving One Time Password <input type="checkbox"/> Email <input type="checkbox"/> SMS			
4	Full Name			
	Mobile Number			
	E-mail Address			
	Preferred means of receiving One Time Password <input type="checkbox"/> Email <input type="checkbox"/> SMS			

ENTERPRISE ONLINE INTERNET BANKING APPLICATION FORM

5	Full Name			
	Mobile Number			
	E-mail Address			
	Preferred means of receiving One Time Password <input type="checkbox"/> Email <input type="checkbox"/> SMS			

Account Setup Information

Please indicate company daily transaction limit:

Amount in figure (N) _____

Amount in figure (N) _____

User Full Name	Accessible Account <i>(Please specify which of the account above each user can access)</i> e. g Account 1, Account 2 etc.	Mandate <i>(please specify the number of approver required for transaction)</i> e.g. Approver1, Approver 1 & 2	Maximum Transaction Limit (in figure)		Accessible Menu Code <i>(Please see below for options)</i>
			(N)	(\\$)	

Accessible Menu	Accessible Menu Code	Function
Statement	S	It simply provides details of all your transactional activities over the selected timeframe
Payment	P	This is used for initiating payments
General services	GS	This is used for service requests such as cheque book request, demand draft request etc.

APPROVAL INFORMATION

- A. Name Signature & Date
- B. Name Signature & Date
- C. Name Signature & Date
- D. Name Signature & Date
- E. Name Signature & Date

For Bank Use Only

Signature Verified by: (SV Stamp / Name/ Date) Business Banker (Name / Signature/ Date)

Head Service Support: (Name / Signature/ Date) E-Business Support: (Name / Signature/ Date)

12. TERMS AND CONDITIONS

I/we confirm and agree that my/our account(s) and all banking transactions between me/us ("the customer") and Stanbic IBTC Bank PLC ("the Bank") shall be governed by the conditions specified below and/or the terms of any specific agreement between me/us and the Bank or where not regulated by either the conditions or such agreement, by customary banking practices in Nigeria:

1. The Bank will not establish or operate the requested account(s) unless and until it has received the required supporting documents for the account, a list of which has been provided to me/us and is included with this application form.
2. The Bank is hereby authorized to undertake at my/our cost all know your customer (KYC) procedures specified by applicable laws and/or regulations and/or bank policies including the confirmation of my/our details and legal status at the appropriate government registry. I/we hereby authorize the Bank to debit my/our account without further notice to me/us for the costs related to such KYC procedures.
3. The Bank may, without, prior notice, impose or change the minimum balance requirements for my/our account(s) or for the charges relating to such account(s).
4. The Bank is authorized, where the balance standing to the credit of my/our account(s) is below the required minimum balance, to either adjust the rate(s) of interest payable or close the account(s).
5. The Bank is authorized to transfer money from any deposit account I/we maintain to any other account(s) with the Bank where the balance is below the required minimum, provided that the Bank shall give notice of such transfer.
6. The Bank shall, in addition to any right of set-off or similar right prescribed by law, be entitled, without notice and at my/our risk, to combine and consolidate all or any of my/our accounts whether held in current or deposit account or otherwise and whether in Naira or any other currency (hereinafter referred to as "foreign currency").
7. The Bank shall be entitled to retain and not repay any amount whatsoever that it owes to me/us or which it holds on my/our behalf whether such amount is in Naira or foreign currency unless and until all amounts owed by me/us to the Bank have been repaid in full, the Bank shall be entitled to appropriate any amount so owed to me/us or held on my/our behalf towards the payment and discharge of the amounts owed by me/us or either of us to the Bank.
8. When effecting any set-off the Bank shall be entitled at its absolute discretion, upon notice to me/us to convert any Naira or foreign currency into the currency in which the amount owed was incurred at the applicable official exchange rate for the currencies in question prevailing in Nigeria at the time of such conversion.
9. I/we shall be responsible for all costs, expenses and liabilities arising from the purchase, retention and sale of investments made on my/our behalf by the Bank which include but are not limited to all taxes, statutory fees, duties and levies.
10. The Bank is hereby authorized, in the absence of any written instruction to the contrary, to place my/our fund(s) in any appropriate investment(s) (which for the purpose of this clause shall include but not limited to investments in commercial papers whether guaranteed by the Bank or otherwise) or on deposit and to renew/reinvest at maturity any investment(s) or deposit made in my/our name(s) on the same terms and conditions that applied to such investment/deposit immediately prior to its maturity or on such other terms and conditions as the Bank may, in its absolute discretion, consider appropriate under the circumstances.
11. The Bank may, unless otherwise instructed by me/us, retain on my/our behalf, on a safe custody basis, any investment instrument issued in respect of an investment made on my/our behalf and unless otherwise specifically agreed, I/we will not have recourse to the Bank for the value or worth of such investments.
12. Where the Bank, in the absence of any previous agreement as to interest rates and costs and charges that will apply if my/our accounts or any of them becomes overdrawn, in its absolute discretion allow us to make any drawings that results in my/our account(s) or any of them to become overdrawn, the Bank shall be entitled to charge such interest rate and impose such charges as, in its absolute discretion, it considers appropriate in the circumstances and I/we agree to pay the amount overdrawn, such interest and charges to the Bank on demand.
13. I/we agree that where I/we give any instruction for payment or payments that in aggregate exceed(s) the amount standing to the credit of my/our account(s) against which payment is to be made, the Bank reserves the right to decline to carry out such instruction or where there is more than one transaction, to select the transaction or transactions that shall be executed without reference to the date or time of receipt of my/our instructions.
14. Where any uncleared effects credited to my/our account(s) by the Bank are subsequently dishonoured and/or the Bank for any reason is required to repay to the paying banker or any other party all or any part of any amount credited to my/our account(s) the Bank will be entitled to debit my/our account(s) with the amount of such uncleared effects and/or the amounts to be repaid and if, as a result of such debit my/our account or any of them goes into debit, unless otherwise agreed I/we will be obliged to immediately thereafter repay to the Bank the amount of any drawings made against such uncleared effects and/or repaid amounts.
15. No failure or delay in exercising any right, power or privilege vested in the Bank by these conditions shall operate as a waiver thereof nor shall any partial exercise of such right, power or privilege preclude any other or further exercise thereof.
16. If any of the conditions or the provisions specified herein are invalid, illegal or unenforceable in any respect under the law, the validity, legality and enforceability of the remaining conditions and/or provisions contained herein shall not in any manner be affected or impaired thereby.
17. Commission and charges shall be levied in accordance with the Bank's standard scale of charges in force from time to time, copies of which are available on request. The Bank reserves the right to amend its rates of interest, standard scale of charges and these conditions without prior notice to the customer who agrees to be bound by such amended interest rates, charges and/or conditions.
18. Where these conditions are signed by or on behalf of more than one person as the customer, all of such persons are bound by the terms of these conditions.
19. Any communication by the Bank shall be deemed to have been made as soon as it is sent to the most recent address provided by me/us and the date indicated on the duplicate copy of such letter or on the Bank's mailing list will constitute the date on which the communication was sent. Any statement or confirmation of any transaction between me/us or either of us and the Bank shall be deemed to have been examined by me/us and to be conclusive and binding unless within 10 working days from the date specified on such statement/confirmation, I/we or either of us advise the Bank in writing that an item contained therein is being disputed. In the absence of such notification, the Bank shall not be liable to me/us for any such disputed item whether or not such item was made in accordance with the mandate from time to time given by me/us to the Bank.
20. "If you wish to be able to give instructions in relation to the operation of your account(s) with the Bank orally and/or by fax and /or by mail, please indicate your acceptance of either or both of the sub paragraphs of this condition specified below by placing an "x" in the box(es)

beside the accepted sub paragraph. Where you do not accept both or either of these sub paragraphs, these general conditions will be read and interpreted without reference to this condition or the relevant sub -paragraph".

- o I/we have advised the Bank that I/we want the Bank to accept instruction in the manner indicated below. I/we understand and acknowledge that electronic mail, facsimile and verbal communications are insecure transmission media. I/we however undertake to indemnify the Bank in full for any loss it may suffer or incur by reason of its honoring my/our letter, electronic mail, facsimile or verbal instructions, irrespective of whether same are erroneous, fraudulent or issued otherwise than in accordance with the mandate for my/our account(s).
- o The Bank is hereby authorized to honor for and to the debit of my/our account(s), any and all payment instructions issued in accordance with the mandate for the operation of my/our account(s) for which it receives confirmation in a format that conforms with the mandate for my/our account(s) and which bears or purports to bear the facsimile or electronic mail signatures of the person(s) whose specimen signatures have been provided to the Bank by me/us.
- o The Bank is hereby authorized to honor for and to the debit of my/our account(s), any and all payment instructions/ confirmations issued or provided by me/us using a pre-agreed format for same which may include but is not limited to oral or written instructions/ confirmations and where given orally, such oral instruction may if previously agreed involve the use of specific password(s) and when given in writing, may be given by letter, facsimile or electronic mail.

21. The Bank shall not be liable for all cheques returned unpaid for reasons of not having received a prior confirmation via telephone, e-mail or written instruction.
22. Subscription to Bundle Price Plan automatically attracts a flat monthly fee (as per bundle option) debited from the customer's account at the end of the month irrespective of whether a withdrawal was made or not; as such accounts must be duly funded for the price plan to take effect.
- 23.1 Bundle pricing plans only become effective at the beginning of a new month and cannot be applied on historical transactions.
- 23.2 Customers who wish to un- subscribe to the Bundle Price Plan may do so via a written instruction or electronic mail (where there is requisite indemnity in place) but must be aware that the changes will only be effective at the beginning of a new month.

Chess conditions

1. I/we confirm and agree that my/our account(s) and all banking transactions between me/us ("the Customer") and Stanbic IBTC Bank PLC ("the Bank") shall be governed by the conditions specified below and/or the terms of any specific agreement between me/us and the Bank or where not regulated by either the conditions or such agreement, by customary banking practices in Nigeria.
2. The Bank will not establish or operate the requested account(s) unless and until it has received the required supporting documents for the account. A list of which has been provided to me/us and is included with this application form.
3. That interest rates will be paid on the account(s) based on the existing conditions and subject to prevailing rates.
4. That withdrawal can only be made by the account holder(s)/signatory as specified in the terms of account.
5. That any change in address or data of the account holder(s) shall be communicated to the Bank immediately.

Card Products

1. "Card" means Debit, Credit and Prepaid cards including any additional, renewal or replacement card(s) that we issue to customers after we have approved the application.
2. The Card must be used for only lawful transactions within Nigeria or the country where the goods or services are being purchased. You may only use the Card issued in your name.
3. Your Card has an expiry date and is valid until the last day of the month shown on the Card. Your Card shall be auto-renewed upon expiration, unless your account is closed or the Card is revoked.
4. The PIN issued with your card enables you carry out transactions such as withdrawals and purchases from ATMs, Point of Sale terminals and Web/Online platforms.
5. Your Naira card grants you access to make purchases in USD up to the limit advised to you by the Bank during each calendar year. This limit is subject to change without prior notice to you.
6. All transactions conducted outside Nigeria with your Naira card will be converted into Naira and billed against your Naira account at the prevailing exchange rate as determined and provided by the Bank.
7. All transactions conducted outside Nigeria must be done according to the rules specified by the Bank. A percentage commission may apply as determined by the Bank on the transactions not aligned within guidelines.
8. When you use your card for transactions on other channels which are not owned and controlled by the Bank, the rules of use of that channel apply in addition to these rules.
9. You are responsible for the safekeeping and proper use of your Card. You are strongly advised to memorize your PIN and avoid compromising your PIN.
10. I/We hereby consent to the Bank destroying the Cards requested by me/us if after 3 months, I/we fail to collect the cards and the cost of the cards shall be debited into my/our account with the Bank. I/We further agree to bear the cost of any Card subsequently requested by me/us.

ATM / Internet / Mobile Banking Conditions

1. I/we hereby request the Bank to grant me/us mobile / internet banking access (including viewing & transactional access via the channels) and further authorize the Bank to trust the information provided by me/us for the service. I/We agree that the Bank shall not be liable for placing reliance on the information provided by me/us in the event that the information is compromised and I/we suffer a loss as a result thereof.
2. I/we understand that my/our password is my/our private access control to the ATM and/or Mobile / Internet banking systems and hereby covenant not to disclose my/our password to any third party or permit any third party to have access to my/our password. I/we agree that the Bank shall not be liable or responsible for any loss or damage suffered by me/us on account of the compromise or such unauthorized use of my/our password.

SMS/E-Mail Condition

1. I/we understand that the notification alert via SMS or e-mail is within my/our private access and hereby agree not to disclose same to any third party. I/we agree that the Bank shall not be liable or responsible for any loss, or damage suffered by me/us on account of such unauthorized access to the information sent to me.

2. I/We shall indemnify the Bank and keep the Bank fully indemnified against all losses, damages, claims, demands and expenses whatsoever which may be incurred, imposed or suffered by the Bank as well as against all actions, proceedings or claims (including attorney's fees) whether civil or criminal, which may be brought against the Bank in relation to my/we electing to opt out of the mandatory SMS alert as directed by the CBN.

E-subscription for statement condition

I/we understand that the Statement of Account via e-mail is within my/our private access and I hereby agree that the Bank shall not be liable or responsible for any loss, or damage suffered by me/us on account of unauthorized access by any third party to the information sent to me.

Biz Smart Account conditions

1. I/we confirm and agree that in addition to the Terms and Conditions stated above, my/our account(s) and all banking transactions between me/us ("the Customer") and Stanbic IBTC Bank PLC ("the Bank") shall be governed by the conditions specified below and/or the terms of any specific agreement between me/us and the Bank or where not regulated by either the conditions or such agreement, by customary banking practices in Nigeria.
2. I/we agree that the minimum opening balance for the account is the sum of N60,000.00 (Sixty Thousand Naira) only and the Bank will exempt my/our account from Current Account Maintenance Fee (CAMF) only if I/we maintain a minimum daily balance on the account of not less than N50,000.00 (Fifty Thousand Naira) only. The total accrued CAMF on the account is calculated and a hold/lien placed on the amount daily. The actual total CAMF is debited from the account at the end of the applicable month.
3. The Bank shall allow me/us a maximum of four (4) cash withdrawals at the Branch of the Bank and where the maximum cash withdrawal limit is exceeded, a current account maintenance fee of N1.00 per mille is applied to my/our account. However, no penalty shall be applied for transactions on e-channels (ATM, Web Payment, Mobile Banking, POS and Internet Banking) but the applicable transaction fees for using these e-channels shall apply.
4. I/we agree that though the account is a current account having a cheque book, the cheque is not eligible to go through the Central Bank of Nigeria Clearing House. Accordingly, the cheque can only be cashed at the Bank's Branches and or paid into bank accounts maintained in the Bank.
5. I/we agree that the account will attract interest on the average minimum balance at the Bank's prevailing interest rate for the account provided my/our account maintains a minimum daily balance of not less than N50,000.00 (Fifty Thousand Naira) only.

Biz Smart Plus Account conditions

1. I/we confirm and agree that in addition to the Terms and Conditions stated above, my/our account(s) and all banking transactions between me/us ("the Customer") and Stanbic IBTC Bank PLC ("the Bank") shall be governed by the conditions specified below and/or the terms of any specific agreement between me/us and the Bank or where not regulated by either the conditions or such agreement, by customary banking practices in Nigeria.
2. I/we agree that the minimum opening balance for the account is the sum of N520,000.00 (Five Hundred and twenty Thousand Naira) only and the Bank will exempt my/our account from Current Account Maintenance Fee (CAMF) only if I/we maintain a minimum daily balance on the account of not less than N500,000.00 (Five Hundred Thousand Naira) only. The total accrued CAMF on the account is calculated and a hold/lien placed on the amount daily. The actual total CAMF is debited from the account at the end of the applicable month.
3. The Bank shall allow me/us a unlimited cash withdrawals at the Branch of the Bank (subject however to the Central Bank of Nigeria Cash lite policy) and
4. Where the minimum daily balance is not maintained, a CAM fee of N1.00 per mille is applied to my/our account. However, no CAM fee shall be applied for transactions on e-channels (ATM, Web Payment, Mobile Banking, POS and Internet Banking) but the applicable transaction fees for using these e-channels shall apply.

I/we acknowledge that you are obliged to comply with the international sanction laws and regulations issued by OFAC, EU, UN, HMT (as well as local laws and regulations applicable to issuing banks). Therefore, I/we agree that you reserve the right to terminate this contract to open Biz Smart Account for me/us without liability on your part and you have no obligation to make any payment under, or otherwise to implement this contract if I violate any OFAC, EU, UN and HMT sanctions or there is involvement by any person (natural, corporate or governmental) listed in the OFAC, EU, UN, HMT or local sanctions lists, or any involvement by or nexus with Cuba, Sudan, North Korea, Iran or Myanmar or such other countries as may be included from time to time in the sanctions list, or any of their governmental agencies.

I/we hereby specifically indemnify and hold you harmless against any and all liability, losses or damages of whatsoever nature (whether direct, indirect and/or consequential), which you may suffer as a result of any and all funds in my/our account being frozen, blocked and/or seized or which you may suffer as a result of any claim, demand and action made against you. For avoidance of doubt, I/we waive and renounce all rights, actions or circumstances whatsoever which might constitute a defense. I/we hereby waive any rights which I/we may have or obtain against you arising directly or indirectly from any losses or damages of whatsoever nature which I/we may suffer in consequence of contravention of OFAC, EU, UN and HMT sanctions or any law/regulation prohibiting money laundering/financing of terrorism in Nigeria.

For purposes of No. 7 above, "OFAC", EU, UN and HMT sanctions mean sanctions imposed from time to time by Office of Foreign Assets Control of the Department of Treasury of the United States of America ("OFAC"), European Union ("EU"), United Nations ("UN") and Her Majesty's Treasury of the United Kingdom ("HMT") relating to, but not limited to entities, parties, shipping lines, Carriers, vessels, multimodal transport operators, freight forwarders, agents at the port of discharge and agents of any related party.

By signing this form, I/We hereby consent to the Bank sharing my/our data and confidential information within the Standard Bank Group if necessary for purposes of marketing and rendering services to me/us.

The terms and conditions stated above shall be governed and construed in accordance with Nigerian Law and I/we agree that any proceedings arising out of or in connection therewith may be brought in the High Court of Justice and we irrevocably submit to such Court's jurisdiction.

I/We understand that as part of your obligations in compliance with the United States' (US) Foreign Account Tax Compliance Act (FATCA), financial institutions and banks, including the Bank are required to obtain my/ our tax related information to determine whether my/ our account is a US Account, account held by a Recalcitrant Account holder, or Non-Participating Financial Institution or bank.

I/We provide the Bank my /our consent to:

- a) obtain from me /us such tax related information as is necessary and in the format determined by the Bank to determine whether I / we fall within any of the above categories, in which case my /our demographic and transactional data (as determined from time to time by the US Internal Revenue Service ("IRS")), will be reportable by the Bank to the IRS;
- b) Disclose my /our information (as referred to in paragraph (a) above) to Withholding Agents if and when required under the FATCA regulations;
- c) withhold on any payments of US Source Income received by me /us to the extent not already done by any other Withholding Agent (note that the maximum withholding that may apply to

impacted US source income under FATCA is 30%); and

- d) close, block or transfer (to one of our related entities) my / our account within 90 days of a request for my / our tax related information (in the format determined by us), being outstanding."

Definitions:

US Account means, an account held by a US citizen, US tax resident, or an account having a substantial US owner that is a Specified US person as defined in FATCA, US treasury regulation §1.1471.

Recalcitrant Account means any account with US indicia that has not provided any requested documentation evidencing the account holder's FATCA status or classification.

Non-Participating Foreign Financial Institution means any financial institution or bank that has not registered with the IRS to enter into a Foreign Financial Institution Agreement and is not otherwise exempt as a certified-deemed compliant financial institution or bank or exempt beneficial owner.

US Source Income means fixed or determinable annual or periodic income from sources within the US as defined in FATCA, US treasury regulation §1.1473-1(a)(2)..

Withholding Agent means a financial institution or bank empowered to withhold US Source Income in terms of an agreement with the US.

Data Protection

1. You consent to us collecting your Personal Information from you and where lawful and reasonable, from public sources for credit, fraud and compliance purposes, as well as the purposes set out below.
2. If you give us Personal Information about or on behalf of another person (including, but not limited to, account signatories, shareholders, principal executive officers, trustees and beneficiaries), you confirm that you are authorised to: (a) give us the Personal Information; (b) consent on their behalf to the Processing of their Personal Information, specifically any cross-border transfer of Personal Information into and outside the country where the products or services are provided; and (c) receive any privacy notices on their behalf.
3. You consent to us Processing your Personal Information:
 - to provide products and services to you in terms of this agreement and any other products and services for which you may apply;
 - to carry out statistical and other analyses to identify potential markets and trends, evaluate and improve our business (this includes improving existing and developing new products and services);
 - in countries outside the country where the products or services are provided. These countries may not have the same data protection laws as the country where the products or services are provided. Where we can, we will ask the receiving party to agree to our privacy policies;
 - by sharing your Personal Information with our third-party service providers, locally and outside the country where the products or services are provided. We ask people who provide services to us to agree to our privacy policies if they need access to any Personal Information to carry out their services; and
 - within the Standard Bank Group.
4. You will find our Processing practices in the Group's and our privacy statements. These statements are available on the Group's websites or on request.
5. If you are unsure about your tax or legal position because your Personal Information is processed in countries other than where you live, you should get independent advice.

Marketing and Promotion

Provided you have agreed to the above Data Protection Clause, we may use your personal or other information to share information with you on new products and services that may be of interest to you and from time to time will mail, email or SMS information to you about us, our products and services, or our partners and their products and services. If you do not wish to continue receiving this information, you may contact us and request that we delete you information from our mailing list.

Bank Verification Number (BVN) Operations and Watch-List for the Nigerian Banking Industry

1. You consent to us applying restrictions on your account and reporting to law enforcement agencies if a fraudulent activity is associated with the operation of your account.
2. You consent to us reporting to Nigeria Inter-Bank Settlement Systems Plc (NIBBS) for update on the Watchlist Data Base of the Nigerian Banking Industry and the Central Bank of Nigeria (CBN) if a fraudulent activity is associated with the operation of your account.

For more information on our products and Service, please go to <http://www.stanbicibtcbank.com>

Full Name: _____

Signature: _____

Date: DD/MMM/YYYY



Stanbic IBTC Holdings PLC RC 1018051

"Moving Forward is a trademark of The Standard Bank of South Africa Limited"