

PLEASE PRINT IN BLOCK LETTERS

BUSINESS NAME:

BUSINESS REGISTRATION NO:

DATE ISSUED:

OFFICE ADDRESS:

TELEPHONE:

TYPE OF ACCOUNT DESIRED:

NATURE OF SOCIETY/CLUB/ASSOCIATION:

ACCOUNTS WITH OTHER BANKS (INCLUDING FIB BRANCHES)

	NAME OF BANK	ADDRESS	A/C NAME & NUMBER
1.			
2.			
3.			

INITIAL

DEPOSIT: CASH: LD\$: CHEQUE: LD\$: TOTAL DEPOSIT:

DEPOSIT: CASH: USD\$: CHEQUE: USD\$: TOTAL DEPOSIT:

GIVE NAMES AND ADDRESSES OF TWO REFEREES

NAME:

ADDRESS:

TELEPHONE: OCCUPATION:

BANKERS:

ACCOUNT NO:

NAME:

ADDRESS:

TELEPHONE: OCCUPATION:

BANKERS:

ACCOUNT NO:

We request the opening of an unincorporated Society / Club or Association Account and confirm that the above information is true. We also agree to the terms and conditions of this application and give the Bank the right to verify the same at it's descretion.

ACCOUNTS WITH OTHER BANKS (INCLUDING FIB BRANCHES)

NAME(S) IN FULL	DESIGNATION	SIGNATURE	DATE
1.			
2.			
3.			
4.			

MANDATE FOR UNINCORPORATED SOCIETIES, CLUBS AND ASSOCIATIONS

To: FIRST INTERNATIONAL BANK LIMITED

it is hereby decided that an account be opened in the name of _____

with the **FIRST INTERNATIONAL BANK LIMITED**.

All cheques, acceptances and / or other orders for payment or disposal of money, securities, boxes or other property, shall be signed by _____ and countersigned by _____

On behalf of the said _____ whether such account(s)
Be in credit or overdrawn.

We note that all funds handed over to members of staff outside its official business hours or outside the premises of the Bank shall be at your risk and the Bank will not be liable for any losses resulting thereof

It is important that all cheque books be properly guarded against unlawful access to it by unauthorised persons, as failure to heed this precaution may lead to any losses being charged to our account.

We understand and accept that beside any or all legal claims which the law entitles you as Bankers, you may transfer funds from our accounts(s) and / or any kind valuables, cash, deposit cheques, securities and any negotiable instrument or other assets owned by us in setting any liabilities to you regardless of whether such liability be accidental or deliberate. This may be done without our prior notice or consideration to us.

In addition we give the Bank the right to set-off and appropriation to recover any overdraft and the same to close the account if the same is dormant, inactive or undesirable. The Bank may exercise the right, as it's sole discretion subject to prior notice of 15 days by way of mail or general notice in the Banking Hall, without any responsibility on the part of the Bank or any of it's officers.

In addition I also give this Bank the rights for set off in appropriation.

I note that the Bank will accept no liability whatsoever for funds handed to members of staff outside banking hours or outside the Bank's premises.

Interest at the Bank's prevailing rate of interest, all interest due shall be applied to the account(s) not withstanding if the account(s) is / are in credit or in debit.

Date of Certificate _____ Certificate No: _____

Dated this _____ day of _____ 20 _____

NAME	ADDRESS	SIGNATURE

INSTRUCTION / SIGNING POWERS

DOCUMENTS OBTAINED	YES	DEFERRED	WAIVED
SIGNATURE			
REFERENCE			
COPY OF CONSTITUTION			
SOCIETY RESOLUTION			
MANDATE			
POWER OF ATTORNEY			
COPY OF RULES			
BUSINESS NAME			
PASSPORT PHOTOGRAPHS			
OTHERS			

Identification: _____

Reference: _____

Other: _____



DOCUMENTATION CHECKED BY	NAME	SIGNATURE	DATE

DOCUMENTATION CHECKED BY	NAME	SIGNATURE	DATE

The Manager,
First International Bank (Liberia) Ltd.

Dear Sir,

Name _____

I / we wish to confirm that we have known the above named company / individual /
organisation and / or its directors
for _____

I / we would like to comment about their suitability for maintaining a Current Account with the
Bank as follows;

I / we maintain a Current Account with;

Name of Bank _____

Address _____

And my / our account no is _____

Signature

Date

Name _____

Address _____
