



Form B (Corporate)

(Tick as appropriate)

7

7

Account type
(Tick as appropriate)

Deposit

| \$ | € | ¥ | £ | Others |
|----|---|---|---|--------|
| | | | | |

7

Characters and marks should be similar in style to the following : ☐ A ☐ B ☐ C ☒

[illegible]**Company Details (Please complete in BLOCK LETTERS and tick where necessary)**[illegible][illegible]

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Estimated Annual Turnover

- a) Less than N50 Million ☐ N50 Million – Less than N500 Million ☐ N500 Million – Less than N5 Billion ☐ Above N5 Billion ☐
- b) Is Your Company quoted on any Stock Exchange? Yes ☐ No ☐
- c) If answer to Question (b) is yes, indicate which Stock Exchange and the Stock Symbol: _____

Account Service(s) Required (Please tick applicable option below)

- Corporate Internet Banking Preference:** *GAPS- Lite ☐ **GAPS ☐
- E-mail Statement ☒ Naira Debit Card ☐ Dollar Debit Card ☐ Dollar Credit Card ☐
- E-mail Alert ☒ SMS Alert (Charges apply) ☒ Mobile Money ☐ Token (Charges apply) ☒

- Kindly note that your account will be debited with a fee as cost for your Card(s) once the account is opened.
- Checked e-banking services are available when the account is opened (3rd party transfers on e-channel will require a token).

- Statement Frequency:** Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐
- Cheque Book Requisition (Fees Apply):** Crossed Cheque ☒ 25 Leaves ☐ 50 Leaves ☐ 100 Leaves ☐ 200 Leaves ☐

* GTBank Automated Payment System - Lite (GAPS - Lite) is a secure web-based service that provides a sole signatory with 24/7 online real time access to the Corporate account and other financial services, using secured connections over the internet.

** GTBank Automated Payment System (GAPS) is a secure web-based service that facilitates the processing of Vendor, Supplier or Payroll payment in batches or single payment, using secured connections over the internet.

Cheque Confirmation

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes ☐ No ☐

Cheque Confirmation Threshold: (If the answer to the above is yes, please note that the minimum confirmation threshold is currently N500,000.00)

If you would like to have a higher threshold for pre-confirmation, please specify the amount: (N)

(In line with extant law and existing regulation)

Key Contact Person(s)

1. Full Name:
- Job Title:
- Email:
- Mobile Number:
- Office Address:
2. Full Name:
- Job Title:
- Email:
- Mobile Number:
- Office Address:
3. Full Name:
- Job Title:
- Email:
- Mobile Number:

Details of Account Signatory 1:

| | | | |
|------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------|---------------------------------------------|
| Title: | <input type="text"/> | Surname: | <input type="text"/> |
| (Please specify) | | | |
| First Name: | <input type="text"/> | | |
| Other Name(s): | <input type="text"/> | | |
| Marital Status: | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Others: <input type="text"/> |
| (please tick '✓' as appropriate) | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Date of Birth: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Day | Month | Year |
| Country of Birth: | <input type="text"/> | | |
| Mother's Maiden Name: | <input type="text"/> | | |
| Name of Next of Kin: | <input type="text"/> | | |
| L.G.A of Origin: | <input type="text"/> | State of Origin: | <input type="text"/> |
| (Nigerians only) | | (Nigerians only) | |
| Tax Identification No.: | <input type="text"/> | | |
| (If available) | | | |
| Means of Identification: | <input type="text"/> | Identification Number: | <input type="text"/> |
| ID Issue Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (Nigerians only) | Day | Month | Year |
| ID Expiry Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Day | Month | Year |
| Occupation: | <input type="text"/> | Status/Job Title: | <input type="text"/> |
| Position/Office of the Signatory: | <input type="text"/> | | |
| Nationality: | Nigerian <input type="checkbox"/> | Others <input type="checkbox"/> | (Please specify) <input type="text"/> |
| Resident Permit No.: | <input type="text"/> | Permit Issue Date: | <input type="text"/> |
| (for non-Nigerians) | | (for non-Nigerians) | Day Month Year |
| Permit Expiry Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (for non-Nigerians) | Day | Month | Year |
| Bank Verification ID No: | <input type="text"/> | | |
| Do you have residency or citizenship of any other country: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, which country: <input type="text"/> |
| | | Social Security No.: | <input type="text"/> |

Residential Address

| | | | |
|---------------------------------------------|----------------------|--------------|----------------------|
| House/Plot Number: | <input type="text"/> | Street Name: | <input type="text"/> |
| Nearest Bus Stop/Landmark: | <input type="text"/> | | |
| City/Town: | <input type="text"/> | L.G.A: | <input type="text"/> |
| State : | <input type="text"/> | | |
| Mailing Address: | <input type="text"/> | | |
| (If different from the Residential Address) | <input type="text"/> | | |
| Mobile No.: | <input type="text"/> | Phone No.: | <input type="text"/> |
| E-mail Address: | <input type="text"/> | | |

I hereby attest that the above information is true and complete

| | | | | | |
|------------|----------------------|-------|----------------------|----------------------|----------------------|
| Signature: | <input type="text"/> | Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | Day | Month | Year |

Official use only

Verified By (Full name)

Details of Account Signatory 2:

Title:

Surname:

(Please specify)

First Name:

Other Name(s):

Marital Status:

Single

Married

Others:

Gender:

Male

Female

(please tick '✓' as appropriate)

(please specify)

Date of Birth:

Country of Birth:

Day

Month

Year

Mother's Maiden Name:

Name of Next of Kin:

L.G.A of Origin:

State of Origin:

(Nigerians only)

(Nigerians only)

Tax Identification No.:

(If available)

Means of Identification:

Identification Number:

ID Issue Date:

ID Expiry Date:

(Nigerians only)

Day

Month

Year

Day

Month

Year

Occupation:

Status/Job Title:

Position/Office of the Signatory:

Nationality:

Nigerian

Others

(Please specify)

Resident Permit No.:

Permit Issue Date:

(for non-Nigerians)

(for non-Nigerians)

Day

Month

Year

Permit Expiry Date:

Bank Verification ID No:

(for non-Nigerians)

Day

Month

Year

Do you have residency or citizenship of any other country:

Yes

No

If yes, which country:

Social Security No.:

Residential Address

House/Plot Number:

Street Name:

Nearest Bus Stop/Landmark:

City/Town:

L.G.A:

State :

Mailing Address:

(If different from the Residential Address)

Mobile No.:

Phone No.:

E-mail Address:

I hereby attest that the above information is true and complete

Signature:

Date:

Day

Month

Year

Official use only

Verified By (Full name)

Details of Account Signatory 3:

[illegible][illegible]

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| Other Name(s): | |
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Marital Status: Single ☐ Married ☐ Others: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Gender: Male ☐ Female ☐

Date of Birth:

 Country of Birth:

[illegible][illegible][illegible][illegible][illegible]

ID Issue Date:
(Nigerians only)

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ID Expiry Date:

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Year

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|-------------|-------------------|
| Occupation: | Status/Job Title: |
|-------------|-------------------|

Position/Office of the Signatory: _____

Nationality: ☒ Nigerian ☐ Others ☐ (Please specify) _____

Resident Permit No.:

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 Permit Issue Date:

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Permit Expiry Date: (for non-Nigerians)

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Do you have residency or citizenship of any other country: Yes ☐ No ☐ If yes, which country:

Residential Address Social Security No.:

[illegible][illegible][illegible]

State : _____

[illegible][illegible][illegible]

I hereby attest that the above information is true and complete

Signature: _____

Date:

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Day Month Year

Official use only

Verified By (Full name) _____

Details of the Directors/ Executives/Promoters/ Principal Officers

1.

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|------------------------------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|
| Title: | <input type="text"/> | Surname: | <input type="text"/> |
| (Please specify) | | | |
| First Name: | <input type="text"/> | | |
| Other Name(s): | <input type="text"/> | | |
| Date of Birth: | <input type="text"/> Day | <input type="text"/> Month | <input type="text"/> Year |
| Country of Birth: | <input type="text"/> | | |
| Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Mother's Maiden Name: <input type="text"/> |
| Means of Identification: | <input type="text"/> | | Identification Number: <input type="text"/> |
| ID Issue Date: | <input type="text"/> Day | <input type="text"/> Month | <input type="text"/> Year |
| (Nigerians only) | | ID Expiry Date: | <input type="text"/> Day |
| | | | <input type="text"/> Month |
| | | | <input type="text"/> Year |
| Occupation: | <input type="text"/> | | Status/Job Title: <input type="text"/> |
| Nationality: | Nigerian <input type="checkbox"/> | Others <input type="checkbox"/> | (Please specify) _____ |
| Do you have residency or citizenship of any other country: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, which country: _____ |
| Is your shareholding equal or greater than 10% : | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Bank Verification ID No: <input type="text"/> |

Residential Address

| | | | |
|---------------------------------------------|----------------------|----------------------|-----------------------------------|
| House/Plot Number: | <input type="text"/> | Street Name: | <input type="text"/> |
| Nearest Bus Stop/Landmark: | <input type="text"/> | | |
| City/Town: | <input type="text"/> | L.G.A: | <input type="text"/> |
| State : | <input type="text"/> | Social Security No.: | <input type="text"/> |
| Mailing Address: | <input type="text"/> | | |
| (If different from the Residential Address) | | | |
| Mobile No.: | <input type="text"/> | | |
| Phone No.: | <input type="text"/> | | |
| E-mail Address: | <input type="text"/> | | |
| Signature: | _____ | | Date: <input type="text"/> Day |
| | | | <input type="text"/> Month |
| | | | <input type="text"/> Year |

2.

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|--------------------------|-------------------------------|---------------------------------|---------------------------------------------|
| Title: | <input type="text"/> | Surname: | <input type="text"/> |
| (Please specify) | | | |
| First Name: | <input type="text"/> | | |
| Other Name(s): | <input type="text"/> | | |
| Date of Birth: | <input type="text"/> Day | <input type="text"/> Month | <input type="text"/> Year |
| Country of Birth: | <input type="text"/> | | |
| Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Mother's Maiden Name: <input type="text"/> |
| Means of Identification: | <input type="text"/> | | Identification Number: <input type="text"/> |
| ID Issue Date: | <input type="text"/> Day | <input type="text"/> Month | <input type="text"/> Year |
| (Nigerians only) | | ID Expiry Date: | <input type="text"/> Day |
| | | | <input type="text"/> Month |
| | | | <input type="text"/> Year |
| Occupation: | <input type="text"/> | | Status/Job Title: <input type="text"/> |

Do you have residency or citizenship of any other country: Yes ☐ No ☐ If yes, which country: _____

Is your shareholding equal or greater than 10% : Yes ☐ No ☐ Bank Verification ID No:

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State : Social Security No.:

Mailing Address:
(If different from the Residential Address)

Mobile No.: Phone No.:

E-mail Address:

Signature: _____ Date:
Day Month Year

3. Title: Surname:
(Please specify)

First Name:

Other Name(s):

Date of Birth: Country of Birth:
Day Month Year

Gender: Male ☐ Female ☐ Mother's Maiden Name:

Means of Identification: Identification Number:

ID Issue Date: ID Expiry Date:
Day Month Year

Occupation: Status/Job Title:

Nationality: Nigerian ☐ Others ☐ (Please specify) _____

Do you have residency or citizenship of any other country: Yes ☐ No ☐ If yes, which country: _____

Is your shareholding equal or greater than 10% : Yes ☐ No ☐ Bank Verification ID No:

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State : Social Security No.:

Mailing Address:
(If different from the Residential Address)

Mobile No.: Phone No.:

Additional Details

1. Name of affiliated company:

Country of incorporation:

2. Name of affiliated company:

Country of incorporation:

3. Name of affiliated company:

Country of incorporation:

Accounts held with other banks

| S/N | Name and Address of Bank/Branch | Account Name | Account Number | Status : Active/Dormant |
|-----|---------------------------------|--------------|----------------|----------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Authority to debit account for search fee

Guaranty Trust 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,

Name and Authorized Signature of the Customer /Representative & Date

Name and Authorized Signature of the Customer /Representative & Date

Account Opening Mandate

a. Mandate authorisation/Combination Rule (Please tick as appropriate):

Sole Signatory ☐ Two or more ☐ If two or more to sign, please specify

b. Signatories

i. Title:

(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory

(Please indicate class in the box provided)

Signature: _____

Date:

Day

Month

Year

Please affix
passport photo

ii. Title:

(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory

(Please indicate class in the box provided)

Signature: _____

Date:

Day

Month

Year

Please affix
passport photo

iii. Title:

(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory

(Please indicate class in the box provided)

Signature: _____

Date:

Day

Month

Year

Please affix
passport photo

Declaration

We _____
hereby apply for the opening of an account with Guaranty Trust Bank plc. We understand that the information given herein and the documents supplied are the basis for opening such account and We therefore warrant that such information is correct.
We have read the terms and conditions governing the operations of the account which are presented overleaf and agree to be bound by them.

Signed, sealed & delivered by the within named person

1. _____
 Name of Authorised Officer/ Director

 Signature

Day Month Year

2. _____

Name of Secretary

Signature

Day
Month
Year

In the presence of:

[illegible]

Address:

[illegible]

Signature: _____

Date:

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Day Month Year

To:
The Manager,
Guaranty Trust Bank plc,

Dear Sir,

Name Of Company

I/We would wish to confirm that we have known the above-named Company and its Directors for

I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No. is:

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And my/our Phone No.(s) is/are: _____

Yours faithfully,

Signature

Date

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Year

Name: _____

Address: _____

Please note:

1. Referees must be a current account holder either in GTBank or any other bank.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

To:
The Manager,
Guaranty Trust Bank plc,

Dear Sir,

Name Of Company

I/We would wish to confirm that we have known the above-named Company and its Directors for

I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No. is:

| | | | | | | | | | | |
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| | | | | | | | | | | |
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And my/our Phone No.(s) is/are: _____

Yours faithfully,

Signature

Date

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Year

Name: _____

Address: _____

Please note:

1. Referees must be a current account holder either in GTBank or any other bank.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

FOR BANK USE ONLY

Customer Segmentation

Customer Classification Code: ☐ Description: _____

Economic Sector Code: ☐ Description: _____

Type of Depositor Code: ☐ Description: _____

Risk Classification

Low Risk

☐

Medium Risk

☐

High Risk

☐

Authentication for Politically Exposed Persons

Is the customer a Politically Exposed Person? Yes ☐ No ☐

If yes, please provide details: _____

Customer Address Verification/ Call Memo (If applicable)

Address Visited: _____

Comment on Location - Landmarks: _____

Location - Colour of building: _____

Location - Description of building: _____

Full Name of Visiting Staff: _____ Signature: _____

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Certification

I hereby confirm that the information contained herein is correct and a true representation of the Customer's profile

Full Name: _____ Signature: _____

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Deferral/Waiver of Documents (if any) authorised by

Full Name: _____ Signature: _____

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| Year | | | |

Documents Required

Checked

Deferred
(Please specify deferral period)

Waived

1) Account opening form duly completed

☐☐☐

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------|--------------------------|
| 3) Copy of CAC Certificate of Registration | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 4) Board Resolution | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 5) Copy of Memorandum and Articles of Association (certified as True copy by the Registrar of Companies) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 6) Form C07 Particulars of Directors (certified as True copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 7) Form C02 Allotment of Shares (certified as True copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 8) Two (2) passport sized photographs of each Signatory to the account with name written on the reverse side | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 9) Introduction Letter (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 10) Status Report from Banker (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 11) Resident Permit or work permit (for non-Nigerians) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 12) Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 13) Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 14) Search Report | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 15) Power of Attorney (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 16) Letter of Indemnity (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 17) Proof of Company Address | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 18) Business Premises visitation certificate | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 19) 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) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 20) 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) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 21) Two satisfactorily completed reference forms. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 22) Copy of the audited Financial statements | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 23) Others (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

Account Opening Authorised

A/C Manager's Code:

A/C Opened by: Name: _____

CIS

Signature : _____

Date: _____