



standard
chartered

INDIVIDUAL ACCOUNT OPENING FORM

Solutions For Your Banking Needs

Before you sign this application form, please read our Client Terms, Current and Savings Account Terms, and Investment Terms on our website:
www.sc.com/ng.

1a Client Key Information

*Title	MISS	*First Name	AISHA
*Middle name	AHMED	*Last Name	MUSA
*Mother's Maiden Name	USMAN YASKUMA	*Marital Status	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others
*Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	*Date of Birth	1 6 1 2 2 0 0 4
*ID Type	<input type="checkbox"/> National ID <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Voter's Card <input type="checkbox"/> Driver's License	*ID Expiry Date	1 2 0 2 2 0 3 2
*ID Number	B 0 0 7 0 9 4 7 3	TAX ID Expiry Date	
TAX ID Number		Resident Permit Expiry Date	
Resident Permit Number		*Nationality	NIGERIAN
*Nationality	NIGERIAN	*Country of Birth	NIGERIA
*State of Origin	BAUCHI	*Place of Birth	FCT ABUJA
*LGA	MISAU	Other Nationalities	
*Biometric ID / BVN	2 2 7 3 4 2 2 8 6 4 2	(In case of multiple Nationality, please list ALL Nationalities/Citizenships held)	

Please check "✓" Yes or No for each of the following questions:

	Yes	No
1 Are you a U.S. Resident?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are you a U.S. Citizen?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Do you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1b Address Details

*Residential Address (no P.O. Box)

*Address Line 1 11 Samora Machel Street ASOKORO

Nearest Bus-Stop/Landmark ECOWAS SECRETARIAT

*City ABUJA *LGA AMAC

*State FCT *Country NIGERIA

Office Address (no P.O. box)

*Address Line 1

Address Line 2

*City *LGA

*State *Country

Mailing address ☒ Residential ☐ Office ☐ Other

1c Contacts

*Home Phone No.

*Work Phone No.

*Mobile No. 0 7 0 8 8 1 3 4 4 1 5 AIRTEL

*Email m u s a a i s h a 5 1 2 @ g m a i l . c o m

1d Details Of Next Of Kin

*Full Name	MUSA Aisha Ahmed		
*Relationship	MOTHER	*Date of Birth	2 5 1 2 1 9 6 5
*Gender	Female <input checked="" type="checkbox"/> Male <input type="checkbox"/>	*Mobile	0 8 0 3 6 7 9 1 3 3 1
*Email	aishamusa65@yahoo.com		
*House Number	1 1	*Residential Address Line 1	Samora Machel Street ASOKORO
	ABUJA		
*Residential Address Line 2			
*City	Abuja	*LGA	AMAC
*State	FCT	*Country	Nigeria

1e Employment

*Employment Type	<input type="checkbox"/> Salaried <input type="checkbox"/> Full Time <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Others	STUDENT
	<input type="checkbox"/> Self Employed	*Date of Employment (if employed)
Company / Name of Employer		
*Company	*Designation	<input type="checkbox"/> Director <input type="checkbox"/> MD/CEO <input type="checkbox"/> Others
*Profession	Employee Staff ID	
*Industry	Contract-Expiry Date	
Contract Tenure	Nature of Business (Self Employed)	
Duration at Current Employment	Business Set Up Date (Self Employed)	
Office Phone Number		

1f Income

Monthly Gross Income (LCY)	
Purpose for Account Opening	
Source of Funds	
Anticipated Value (Total Value of Transactions Per Month)	
Anticipated Volume (No of Transactions Per Month)	

1g Politically Exposed Persons

Politically Exposed Persons (PEPs) are individuals who are, or have been, entrusted with a prominent Public function and people associated with them.

Do you fall under the definition of a "Politically Exposed Person"? Yes ☐ No ☒

If Yes, Please State the position

Period

Period of Position

Are you related to a "Politically Exposed Person"? Yes ☐ No ☒

If Yes, Please state the following:

Relationship

Position of Related PEP

2a Joint Applicant Details (for joint account only)

Relationship with primary applicant	<input type="checkbox"/> Wife	<input type="checkbox"/> Husband	<input type="checkbox"/> Others			
Reason for Joint Account						
*Title			*First Name			
*Middle name			*Last Name			
*Mother's Maiden Name			*Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others
*Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	*Date of Birth			
*ID Type	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter's Card	<input type="checkbox"/> Driver's License		
*ID Number			*ID Expiry Date			
TAXID Number			TAXID Expiry Date			
Resident Permit Number			Resident Permit Number Expiry Date			
*Nationality			*Country of Birth			
*State of Origin			*Place of Birth			
*LGA			Other Nationalities			
*Biometric ID / BVN			(In case of multiple Nationality, please list ALL Nationalities/Citizenships held)			

Please check "✓" Yes or No for each of the following questions:

	Yes	/	No
1 Are you a U.S. Resident?	<input type="checkbox"/>		<input type="checkbox"/>
2 Are you a U.S. Citizen?	<input type="checkbox"/>		<input type="checkbox"/>
3 Do you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/>		<input type="checkbox"/>

2b ADDRESS DETAILS

*RESIDENTIAL ADDRESS (No P.O. Box)			
*Address Line1			
Nearest Bus-Stop/ Landmark			
*City	*LGA		
*State	*Country		
OFFICE ADDRESS (No P.O. Box)			
*Address Line1			
Address Line2			
*City	*LGA		
*State	*Country		
MAILING ADDRESS	<input type="checkbox"/> Residential	<input type="checkbox"/> Office	<input type="checkbox"/> Other

2c Contacts

*Home Phone No.		
*Work Phone No.		
*Mobile No.	0 7 0 8 8 1 3 4 4 1 5	AIRTEL
*Email	m u s a a i s h a 5 2 @ g m a i l . c o m	

2d Details Of Next Of Kin

*Full Name	MUSA AHMED MUSA		
*Relationship	FATHER	*Date of Birth	1 2 0 4 1 9 5 6
*Gender	Female <input type="checkbox"/> Male <input checked="" type="checkbox"/>	*Mobile	0 8 0 3 5 9 9 9 1 3 9
*Email	d r m u s a m u s a @ y a h o o . c o m		
*House Number	1 1	*Residential Address Line 1	SAMORA MACHEL STREET ASOKORO
	ABUJA		
*Residential Address Line 2			
*City		*LGA	
*State		*Country	

2e Employment

*Employment Type	<input type="checkbox"/> Salaried <input type="checkbox"/> Full Time <input type="checkbox"/> Contract <input type="checkbox"/> Others	
	<input type="checkbox"/> Self Employed	*Date of Employment (if employed)
Company / Name of Employer		
*Company		*Designation <input type="checkbox"/> Director <input type="checkbox"/> MD/CEO <input type="checkbox"/> Others
*Profession		Employee Staff ID
*Industry		Contract - Expiry Date
Contract Tenure		Nature of Business (Self Employed)
Duration at Current Employment		Business Set Up Date (Self Employed)
Office Phone Number		

2f Income

Monthly Gross Income (LCY)	
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2g Politically Exposed Persons

Politically Exposed Persons (PEPs) are individuals who are, or have been, entrusted with a prominent Public function and people associated with them.

Do you fall under the definition of a "Politically Exposed Person"? Yes ☐ No ☒

If Yes, Please State the position

Period

Are you related to a "Politically Exposed Person"? Yes ☐ No ☒

If Yes, Please state the following;

Relationship

Position of Related PEP

Period of Position

3 Products

Current Account

☒ Regular Current Account ☐ Standard Chartered Women Account ☐ Payroll Account ☐ Others

Currency ☒ NGN ☒ USD ☐ GBP ☐ EUR ☐ CNY ☐ Others

Deposit Amount

Our Payroll Accounts come with a Salary Advance Overdraft limit which is up to 50% of your net monthly Salary. Please tick ☐ to opt in for this benefit.

**Terms and conditions apply.

Savings Account

☐ Regular Savings Account: ☐ Standard Chartered Women Account ☐ Education Saver ☐ E-saver Currency ☐ NGN

☐ My Dream Account Currency ☐ NGN ☐ USD ☐ GBP ☐ EUR

Deposit Amount

4a Please Consider These Valuable Services

E-Statement for any of our products will be sent to your preferred email address as indicated in Section 1C of the form. We will not send physical statement unless requested below.

Cheque Book ☐ Yes ☐ No Cheque confirmation threshold (Above "X" Amount)

Currency ☐ NGN ☐ USD ☐ GBP ☐ EUR

Debit Card ☒ Yes ☐ No

Currency ☒ NGN ☒ USD ☐ GBP ☐ EUR

Name on the Debit Card (Maximum of 21 Characters only)

A I S H A M U S A

Enable e-Commerce by default on Debit Card(s) ☒ Yes ☐ No

☒ SMS Alert ☒ e-Statement ☒ Online Banking /SC Mobile ☒ E-mail Alert

Physical Statement ☐ Yes ☒ No

Frequency of Statement ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

4b Client Communication

Call me about Banking Products and keep me informed about product offerings (Credit Cards, Wealth, Current/Savings Account etc) ☐ Yes ☒ No

Send me SMS about new promotions and offers ☐ Yes ☒ No

Call me about Personal Loan Promotions (include exclusive preferential rates, sign-up discounts etc) ☐ Yes ☒ No

Send me emails about SCB products and promotions ☐ Yes ☒ No

☒ I would not like to be informed about promotions, products and services that Standard Chartered Bank, or its strategic partners, may offer through email and other form the Bank wishes to use.

5 Account Mandates

"The use of personal account for business transactions is prohibited. We will be constrained to close your Personal account if it is used for business transactions. We encourage you to open a Business banking account for your business transactions"

Signing Instruction ☒ Sole Signatory ☐ Either to Sign ☐ Both to Sign ☐ Others (Specify)

Main Account Holder's / Principal CardHolder's

Supplementary Account Holder's (Joint Accounts Only)

Full Name

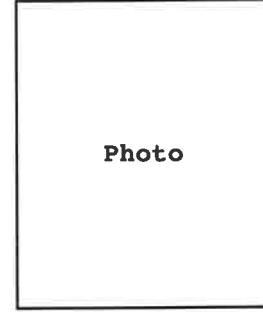
AISHA AHMED MUSA

Full Name

Date

0 5 0 5 2 0 2 3

Date



6 For Bank Use Only

A. To be filled by Sales/Branch

Sales Person's Name Closing ID
 Sourcing ID Signature
 Referral Person's Name Referral ID
 Sales/Branch Manager's Name Sales / Branch Manager's Signature
 ARM Code
 Address Verification carried out ☐ Yes ☐ No

Comments

B. To be filled by Branch

Account Number Relationship Number
 Branch code Master Number
 Country of residence GL department ID
 Segment code ISIC Code
 Employer code (for salaried customers only)



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7a References

Reference Request For	Aisha Ahmed Musa	
Referee's Name	DR, MUSA AHMED MUSA	
Resident Address (No P.O Box)	11 Samora Machel Street, ASOKORO, ABUJA	
Email Address	drmusamusa@yahoo.com	
Relationship	My Daughter	No. of Years Known 1 8
Contact Phone Nos.	0 8 0 3 5 9 9 9 1 3 9	
Employer Name	Self Employed	
Address (No P.O Box)	Same as above	
Name of Bank	Standard Chartered Bank	Bank Account Number 0 0 0 0 3 5 4 5 3 2
Referee's Signature		



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7b References

Reference Request For	Aisha Ahmed Musa	
Referee's Name	Imam Malik Usman	
Resident Address (No P.O Box)	Flat D7 Rockybase Estate, Karu, FCT	
Email Address	imamuna@gmail.com	
Relationship	My niece	No. of Years Known 1 8
Contact Phone Nos.	0 8 0 3 5 6 9 5 0 4 2	
Employer Name	Federal Capital Territory Administration	
Address (No P.O Box)		
Name of Bank	Area 11, Garki, Abuja	Bank Account Number 0 0 4 4 7 1 1 3 1 8
Referee's Signature		

Declaration

By signing these General Terms and Conditions:

1. You agree that we will send all correspondence in electronic form using email or other electronic media. The correspondence will be sent to the last email address or telephone number notified to us by you, and you hereby indemnify us for any loss arising from compromise, damage, delay or non-delivery of the correspondence sent through this medium. However, we reserve the right to send paper correspondence to your last known address as per our records
2. You confirm that you are the ultimate beneficial owner of any account opened in relation to a minor; you do not hold the accounts or any funds in the account as a Trustee, Nominee, Agent or any other capacity. The minor has no right or interest in any funds in the account.
3. You represent and warrant that all information (including any document) you have given us in connection with this application including minor accounts, if applicable, is correct, complete and not misleading. If this is not the case, you may be personally liable. You must notify us if you become aware that any information you have given changes, is incorrect or misleading.
4. You represent and warrant that you have power and all necessary authorisations to own your assets and carry on any business you conduct, to enter into each of our banking agreements and any other arrangement with us and to comply with your obligations and exercise your rights under them.
5. You authorise us to disclose to, and verify any of the information you have given to us or your credit standing from anyone we may consider appropriate (such as an authority or credit reference agency).
6. You confirm that your personal information provided in this application form and that of your joint account holder (if any) or authorised person (if any) will apply to the account(s) you hold with us unless you expressly tell us otherwise.
7. You consent to Standard Chartered Bank Nigeria Limited, each of Standard Chartered Bank PLC and its subsidiaries (Standard Chartered Investment Services (SCIS) for investment products) and affiliates (including each branch or representative office) ("Standard Chartered Group"), its officers, employees, agents advisers disclosing information relating to you (including details of our banking agreement, the accounts, the products or any arrangement with us) to our Head Office and any other member of the Standard Chartered Group in any jurisdiction ("permitted parties") professional advisers, service providers (whether located in Nigeria or outside Nigeria) for the purposes of providing any service to you in connection with this application or an application for Investment services (including data processing), or independent contractors to, or agents of, the permitted parties, such as debt collection agencies, data processing firms and correspondents who are under a duty of confidentiality to the permitted parties, any actual or potential participant or sub-participant in relation to any of our obligations under our banking agreement between us or assignee, novatee or transferee (or any officer, employ, agent or adviser of any of them), any credit reference agency, rating, business alliance partner, insurer or insurance broker of, or direct or indirect provider of credit protection to, or any permitted parties; any court, tribunal or authority (including an authority investigating an offence) with jurisdiction over the permitted parties; a merchant or member of VISA International or Master Card International or Union Pay where the disclosure is in connection with the use of a card; any authorised person or any security provider; anyone we consider necessary in order to provide you with the services in connection with an account.
8. You have read and understood or have been explained to (in the language you understand) our client Terms, Standard Account Terms, Current and Savings Account Terms, Fixed/Term Deposit Products Terms, Debit Card Terms, Products Pricing, Investment Service Terms & Conditions (ISTC) which forms our banking agreement. They are available on our website: www.sc.com/ng
- You agree to be bound by them when using any product we may provide you with. You also acknowledge that you are bound by any variation we make to these documents, in accordance with our banking agreement. In particular, you understand that by entering into our banking agreement, you give indemnities, authorisations consents and waivers and agree to limitations on our liability.
- You understand that the ISTC shall apply to all transactions in relation to investment products (other than investment linked insurance products) that you enter into with or through the Bank and that the ISTC shall not apply to you if you do not enter into any investment products with or through the Bank.
9. You agree that we have the right to set off the amount held in lien against which a cash secured facility (ies) has been granted you by us, in the event of default. You authorize us to purchase such foreign currency with the monies standing to the credit of your account(s) as may be necessary, to effect the set off and settle any outstanding amount on the loan facility, where necessary to facilitate the offsetting of the facility in default. You agree that the lien will only be lifted upon full repayment of the facility (ies). You agree that you shall lay no claim whatsoever to the funds under lien until such time the facility is repaid in full.
10. You agree not to issue cheque (s) against your accounts if not sufficiently funded in compliance with the relevant laws and regulations.
11. No Cash collection by Staff: We are not responsible for funds given to any of our employee or officers outside banking hours or outside our premises. Only Tellers sitting across the counter at branches are authorized to handle cash transactions. We will not be liable for any loss arising from cash given to unauthorized staff/person.
12. If a perceived breach or fraudulent activity is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to appropriate law enforcement agencies in line with extant laws.
13. Email Indemnity: INSTRUCTIONS VIA ALTERNATIVE MEANS: The Bank may, at its discretion, accept instructions from an Authorised Signatory (ies) by email, SMS, telephone, scanned documents attached to email, text messages or any other means with or without the necessity of the said Instruction complying with any particular or existing mandate/authority/instruction on an Account. The Bank may refuse to act on any Instruction via other Means or may require further authentication of same; and shall not be obliged to give any notice or provide any reason for refusing to so act. The Customer is fully aware and exclusively assumes all the risks associated with Instructions via other Means. The Bank shall be entitled (but not bound) to treat such instructions as fully authorized by and binding upon me/us.
- The Bank shall be entitled to treat such notice, instruction or other communication as fully authorised by and binding upon me/us and the Bank shall be entitled (but not bound) to take such steps in connection with or in reliance upon such notice, instruction or other communication as the Bank may in good faith consider appropriate.
14. Account for Minors: If you are applying for an Account in relation to a minor; you confirm that: all information (including any documents) you have given to us in connection with the minor is correct, complete and not misleading; we may give the information to the permitted parties; you are the ultimate beneficial owner of the Account opened in relation to the minor; you do not hold the account or any funds in the account as a trustee, nominee, agent or other capacity.
- My Dream Account (MDA) is designed for children aged below 18 years. Debit Cards may be issued under the minor's accounts on request.
- The minor has no right or interest in any funds in the account until the minor attains the contractual age per the regulation.
- My Dream Account is converted to a Normal Savings Account once the minor turns 18 years.
- It is important to note that upon attainment of majority and execution/submission of the relevant documents, your child/ward shall assume legal ownership of the account.
15. Where you have opted to receive physical statement(s) of your Account, you agree, save in the event of misconduct or manifest negligence on our part, to hold the Bank harmless of all matters related to or connected with the handling, transportation and delivery of the statement(s) to you, provided the Statement(s) is (are) delivered to your address in our records.
16. The use of personal account for business transactions is prohibited. We will be constrained to close your Personal account if it is used for business transactions. We encourage you to open a Business banking account for your business transactions.
17. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amount(s) as may be required according to applicable laws, regulations and directives
- I undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.
18. Do Not Disturb/Do Not Communicate (DND/DNC) service allows clients to voluntarily control the receipt of promotional/marketing messages. You can manage the promotional messages you receive from us on SC Mobile app through Menu >> Service Request >> Account Management >> Manage Marketing Communication.

Signed: Dr. George F. Williams

Date

Signed: Shirley A. Ross 10/11/19

Date

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P<NGAMUSA<<AISHA<AHMED<<<<<<<<<<<<<<<<<<<
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Version 4-2020 1.0

Account Opening Supplementary Form - FATCA and CRS Declaration

This form must be completed by any individual who wishes to open a banking account.
Please complete in BLOCK LETTERS

1. Identification of Individual Account Holder

Country / Jurisdiction of Birth: NIGERIA
Place of Birth (Town or City): ABUJA

I confirm the information provided in the Account Opening Form/currently available with Standard Chartered Bank is up to date. Yes ☐ No ☐

2. U.S. Status

Please check "✓" Yes or No for each of the following questions:

- | | Yes / No |
|---|-------------------------------------|
| 1) Are you a US Resident? | <input checked="" type="checkbox"/> |
| 2) Are you a US Citizen? | <input checked="" type="checkbox"/> |
| 3) Are you holding a US Permanent Resident Card (Green Card)? | <input checked="" type="checkbox"/> |

3. Tax Residence Information

Please complete following table indicating (i) the country where the Account Holder is a resident for tax purposes and (ii) the Account Holder's Tax Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

If the Account Holder is resident for tax purposes in more than three countries, please use a separate sheet.

If a TIN is unavailable, please provide the appropriate reason **A, B or C where appropriate**:

Reason A: The country where Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B: The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the table below if you have selected this reason).

Reason C: No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed).

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C
1			
2			
3			

If Reason B is selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1	
2	
3	

4. Declaration and Signature

I understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's relationship with Standard Chartered Bank and its subsidiaries and affiliates where the Account Holder's financial relationship is maintained.

I acknowledge that the information contained in this Form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly, to any relevant tax authority, including the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.

I certify that I am the Account Holder (or authorised to sign for the Account Holder) of all of the account(s) to which this Form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to submit a suitably updated form within 30 days of any change in circumstances which affects the tax residency status of the Account Holder or where any information contained herein to become incorrect.

Sign Here

Signature: 

Signature of Account Holder (or individual authorised to sign for the Account Holder)

Print Name:

MUSA AISHA AHMED

Date: 03-05-2023

(DD-MM-YYYY)

Note: If you are not the Account Holder please indicate below, the capacity in which you are signing the Form.

Capacity:


Source of Wealth and Funds Form - HRTC
Section 1. Account details

Full Name of Client (as filled on account opening form)

AISHA AHMED MUSA

Section 2. Anticipated nature and level of account activity
Deposits (including incoming transfer)

Withdrawals (including outgoing transfer)

Anticipated No of Deposits per month

Anticipated No of Withdrawals per month

Anticipated total value of transactions per month (NAIRA)

Anticipated total value of transactions per month (NAIRA)

Section 3. Source of Fund (SOF) and Source of wealth (SOW)

Guidance: Please tick as applicable and provide the additional details

Client confirmed that Primary Source of Wealth and Funds to fund this account(s) would be from

☐ Income from employment

- Occupation / Designation: _____
- Name of Employer: _____
- Address of Employer: _____
- Monthly Gross Income: _____

☐ Income from my own business

- Nature of Business: _____
- Name of Business: _____
- Address of Business: _____
- Monthly Gross Income: _____

☐ Investments:

☐ Securities/Bond/Shares

☐ Property/Rental

☐ Deposits

☐ Savings:

○ Retirement / Previous Employment:

Previous Employer (Company) Name: _____



standard
chartered

- o **Funded by Family Members** (*Applicable if you are homemaker, retiree, student*):

Relationship: ☒ Parent ☐ Spouse ☐ Relative

Current/Previous Employer Name: _____

- o **Inheritance from:**

Relationship: ☐ Parent ☐ Spouse ☐ Relative

Current/Previous Employer Name: _____

Section 4. Are you opening account from abroad? If yes, please state the reason you want to open account with Standard Chartered Bank Nigeria

NO

Signature: _____

Signature of Account Holder (or individual authorised to sign for the Account Holder)

Date: _____

(DD-MM-YYYY)

For Internal Use

Customer Relationship Number/ Identification Number / ICM reference number	
ICDD reference number (Applicable only to ICDD Markets)	
Parent Alert ID	



ABUJA ENVIRONMENTAL PROTECTION BOARD (A.E.P.B)

Plot 776, Independence Avenue Behind Nat. Def. College CBD Abuja

CUSTOMER'S
COPY

SOLID WASTE / LIQUID WASTE BILL

Customer Service No: 08156754058, 08156754018, 09079823895

Bill Ref: No:

A040034A2301

Customer Name/Address:

THE OCCUPANT

11A SAMORAMICHAEL, A04 ASOKORO

Account Number:

ASOKORO

A04

District:

Bill Date:

January, 2023

Serial No: **0362428**
A040034A

PERIOD COVERED:

Billing Cycle:

6.00 Months

From:

January, 2023

To:

June, 2023

Service Type:

T3- Residential Large detached duplex Amount Due for period

Monthly Rate:

3,750.00

Solid Waste:

3,000.00

Liquid Waste:

Liquid Waste:

3,037.50

VAT:

43,537.60

Previous Balance

215,578.13

Payment Received

0.00

Total Due:

269,116.63

NO CASH PAYMENTS TO INDIVIDUAL
ALL PAYMENTS TO BE MADE AT THE BANK THROUGH REMITA ONLY

Total Amount in Words:

Depositor's Name/Phone No:

CASHIER'S NAME:

SIGN:

DATE:

PAYMENT SHOULD BE MADE WITHIN 21 DAYS

REMITA PAYMENT PROCEDURE

1. Login to: www.remita.net
2. Click on: Pay TSA & State icon
3. Click on: Fed. Capital Territory Admin
4. On who to pay: Type & select Abuja Envir Protection Board
5. On service to pay, chose: Waste Mgt. Services

Branch:

Date:

Bank	Draft No	Cash	(#)	Naira	Kobo
			1,000		
			500		
			200		
			100		
			50		
			20		
			10		
			Others		
			Total		

ACKNOWLEDGEMENT

NAME

SIGNATURE



Customer Care: 08059710600
Customer Care: 08154020688

Customer Care: 08059710600
Customer Care: 08154020688
Public Relation:09033335873

DR MUSA AHMED MUSA

ASOKORO

Flat 1 Block 2 Plot 654

#11 SAMORA MACHEL STREET (A04) ASOKORO ABUJA

A04-091135-ASO

216776

SAEWA

A04-091135-ASO

Old/Account ~~2023-01-001-91135~~

Bill Reference 2023 to 31-Jan-2023

Bill Period:

Any payments not made through NIBSS (eBILLSPAY) System may not

Please Note: Any payment reflect in your next bill.
Any payments not made through NBSS (ebills@nct.gov) system may not reflect in your next bill.

FCT Water Board Bank Deposit Slip

Bank Name/Branch:

Date of Payment:

Account Name: FCT Water Board

Desk

Design

3

10

13

Total Amount in words

Depositor's Name/Phone:

Online Payment

~ Visit www.fctwb.gov.na

~ Click Pay Bill

Click here to Buy
Click REMITA

~ fill form

Select online enter Debt Card details and new

Bank Branch Payment

Visit any Bank Branch. present bill to teller

and make payment through

Remita.net platform and

collect Remita payment receivables

teller

Nilbox Cash Payment or Remita Agent

Visit FCT Water Board Customer Care or

any of the FCT Water Board Area Offices

to make your cash payments through

Nilbox terminals or Remita Agent and

collect your payment receipt.



FCT Water Board Consumer Bill

Bill queries & customer services

Customer Care: 08059710600
Customer Care: 08154020688
Public Relation: 090333335873



DR MUSA AHMED MUSA

Flat 1 Block 2 Plot 654

#11 SAMORA MAGHELE STREET (A04) ASOKORO ASUBIA

A04-091135-ASO

ASOKORO

216776

Customer Name:

Service Address:

CUSTOMER'S BILL ACCOUNT NUMBER

customercare@fctwb.gov.ng

info@fctwb.gov.ng

@fctwb

Old/Account Number: 001-91135

Bill Reference No: 1-Jan-2023 to 31-Jan-2023

Bill Period:

Service Type	Rate Schedule	From	To	Days Usage	Meter Readings Previous	Current	Multiplier	Cubic Unit Consumed	Last Payment Date	Amount
Residential	RES1	Jan 1 2023 12:00AM	Jan 31 2023 12:00AM	31	7,149.00	7,149.00	1.0	50.00	29-NOV-2022	12738.75

ARB Number	1820224392	Meter No:	51287205
Installation Date	13-Aug-2008	Meter Type:	R-900 AMR
Meter Condition:	Functional	Meter Size:	25mm
Leakage Status:		Billing Method:	ESTIMATE
Property Type:	Large Duplex		
Meter Reading Device:	MX900(Drive-By Unit)		

Maintenance Charge:	250.00
Other Charges	0.00
Discounts	0.00
Current Charge	(3,750.00)
Balance Outstanding	(116,322.55)
TOTAL DUE	(122,072.55)

Please Note: Any payments not made through NIBSS (eBILLSPAY) System may not reflect in your next bill

FCT Water Board Bank Deposit Slip

Bank Name/Branch: _____

Account Name: FCT Water Board

Total Amount in words _____

Depositor's Name/Phone: _____

Date of Payment:

Bank	Draft No.	Cash	Naira	Kobo
		N 1000		
		N 500		
		N 200		
		N 100		
		N 50		
		Others		
		TOTAL		

Online Payment

- ~ Visit www.fctwb.gov.ng
- ~ Click Pay Bill
- ~ Click REMITA
- ~ fill form
- ~ Select online, enter Debit Card details and pay.

Bank Branch Payment

Visit any Bank Branch, present bill to teller and make payment through Remita.net platform and collect Remita payment receipt from bank teller

Nibox Cash Payment or Remita Agent

Visit FCT Water Board Customer Care or any of the FCT Water Board Area Offices to make your cash payments through Nibox terminals or Remita Agent and collect your payment receipt.



ABUJA ENVIRONMENTAL PROTECTION BOARD (A.E.P.B)

BANK'S
COPY

Plot 776, Independence Avenue Behind Nat. Def. College CBD Abuja

SOLID WASTE / LIQUID WASTE BILL

Customer Service No: 08156754058, 08156754018, 09019823895

Bill Ref: No: A040034A2301

Serial No: 0362428
A040034A

Customer Name/Address:

THE OCCUPANT

11A SAMORA MICHAEL, A04 ASOKORO

Account Number:

ASOKORO

A04

District:

January, 2023

Bill Date:

PERIOD COVERED:

Billing Cycle:

6.00 Months

From:

January, 2023

To:

June, 2023

Service Type:

T3-Residential-Large detached duplex

Monthly Rate:

3,750.00

Solid Waste:

3,000.00

Liquid Waste:

CHARGES:

Solid Waste:

22,500.00

Liquid Waste:

18,000.00

VAT:

3,037.50

43,537.50

Previous Balance

215,578.13

Payment Received

0.00

Total Due:

269,115.63

NO CASH PAYMENTS TO INDIVIDUAL
ALL PAYMENTS TO BE MADE AT THE BANK THROUGH REMITA ONLY

Total Amount in Words:

Depositor's Name/Phone No:

CASHIER'S NAME

SIGN:

DATE

PAYMENT SHOULD BE MADE WITHIN 21 DAYS

REMITA PAYMENT PROCEDURE

1. Login to: www.remita.net
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3. Click on: Fed. Capital Territory Admin
4. On who to pay: Type & select Abuja Envir. Protection Board
5. On services to pay: choose: Waste Man. Services

Branch:

Date:

Bank	Draft No	Cash	(#)	Naira	Kobo
			1,000		
			500		
			200		
			100		
			50		
			20		
			10		
			Others		
			Total		

ACKNOWLEDGEMENT

NAME

SIGNATURE

Account Opening Supplementary Form - FATCA and CRS Declaration

This form must be completed by any individual who wishes to open a banking account.
Please complete in BLOCK LETTERS

1. Identification of Individual Account Holder

Country / Jurisdiction of Birth: NIGERIA
Place of Birth (Town or City): ABUJA

I confirm the information provided in the Account Opening Form/currently available with Standard Chartered Bank is up to date. Yes ☒ No ☐

2. U.S. Status

Please check "X" Yes or No for each of the following questions: Yes / No

- 1) Are you a US Resident? ☒ Yes ☐ No
2) Are you a US Citizen? ☒ Yes ☐ No
3) Are you holding a US Permanent Resident Card (Green Card)? ☒ Yes ☐ No

3. Tax Residence Information

Please complete following table indicating (i) the country where the Account Holder is a resident for tax purposes and (ii) the Account Holder's Tax Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

the Account Holder is resident for tax purposes in more than three countries, please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason **A, B or C where appropriate:**

Reason A: The country where Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B: The Account Holder is otherwise unable to obtain a TIN (please explain why)

Reason C: No TIN is required (note: only select this reason if the authorities of the country

of residence for tax purposes entered below do not require the TIN to be disclosed.

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C
1			
2			
3			

If Reason B is selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1	
2	
3	

4. Declaration and Signature

I understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's relationship with Standard Chartered Bank and its subsidiaries and affiliates where the Account Holder's financial relationship is maintained.

I acknowledge that the information contained in this Form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly, to any relevant tax authority, including the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.

I certify that I am the Account Holder (or authorised to sign for the Account Holder) of all of the account(s) to which this Form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to submit a suitably updated form within 30 days of any change in circumstances which affects the tax residency status of the Account Holder or where any information contained herein to become incorrect.

Sign Here

Signature:



Signature of Account Holder (or individual authorised to sign for the Account Holder)

Print Name:

MUSA ZATTAR ATTAM

Date: 09/03/2023

(DD-MM-YYYY)

Note: If you are not the Account Holder please indicate below, the capacity in which you are signing the Form.

Capacity:

Version 4-2020 1.0

Account Opening Supplementary Form - FATCA and CRS Declaration

This form must be completed by any individual who wishes to open a banking account.
Please complete in BLOCK LETTERS

1. Identification of Individual Account Holder

Country / Jurisdiction of Birth: ALGERIA
Place of Birth (Town or City): ABUJA

I confirm the information provided in the Account Opening Form/currently available with Standard Chartered Bank is up to date. Yes ☒ No ☐

2. U.S. Status

Please check "✓" Yes or No for each of the following questions:

- 1) Are you a US Resident? Yes / No ☒ / ☐
- 2) Are you a US Citizen? ☐ / ☒
- 3) Are you holding a US Permanent Resident Card (Green Card)? ☐ / ☒

3. Tax Residence Information

Please complete following table indicating (i) the country where the Account Holder is a resident for tax purposes and (ii) the Account Holder's Tax Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

the Account Holder is resident for tax purposes in more than three countries, please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason **A, B or C where appropriate:**

Reason A: The country where Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B: The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the table below if you have selected this reason).

Reason C: No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed).

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C
1			
2			
3			

If Reason B is selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1	
2	
3	

standard
chartered



7a Reference

Reference Request For

ARISHA AHMED NUSA

Referee's Name

DR. NUSA AHMED NUSA

Resident Address
(No P.O. Box)

11 SAKHORA MARKET STREET, ASHORO,

Email Address

ARISHA
ahmusanusa@yahoo.com

Relationship

MY DAUGHTER

No. of Years Known

SINCE
BIRTH

Contact Phone Nos.

08035999139

Employer Name

SELF EMPLOYED

Addr 35: (No P.O. Box)

SAVIE AS ABOVE

Name of Bank

STANDARD CHARTERED BANK

Bank Account Number

0000354532

Referee's
Signature

standard
chartered



7b Reference

Reference Request For

ARISHA AHMED NUSA

Referee's Name

IMAM MALIK USMAN

Resident Address
(No P.O. Box)

FLAT D7 ROCKYBASE ESTATE KANU FCT

Email Address

Imamuna@gmail.com

Relationship

MY NIECE

No. of Years Known

SINCE
BIRTH

Contact Phone Nos.

08035695042

Employer Name

FEDERAL CAPITAL TERRITORY ADMINISTRATION

Address (No P.O. Box)

AREA 11 GARKI ANGYA

Name of Bank

CURRENTY TRUST BANK

Bank Account Number

0044711318

Referee's
Signature