





## **CORPORATE ACCOUNT OPENING FORM**

| THIS FORM SHOUL   | D BE     | CC    | MPL   | ETE        | D IN   | I CA   | PITA  | AL L            | EΠ           | ΓER     | S     |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
|---|----------|-------|-------|------------|--------|--------|-------|-----------------|--------------|---------|-------|------------|------|--------|-----|----------|-----|------------|-------|----------|----------|----------|---------------|---------|---------|-------------------|
| (FOR OFFICIAL USE ONLY) ACCOUNT NAME:                       | _        |       |       | $\top$     |        |        |       | _               | 1            |         |       |            |      |        |     |          |     |            |       |          |          |          | $\overline{}$ |         | _       |                   |
| ACCOUNT NUMBER:   | +        |       |       | +          | $\Box$ |        | $\pm$ | +               | <del> </del> |         |       |            |      |        |     |          |     |            |       | <u> </u> |          | -        |               |         |         |                   |
| INTRODUCER:   |          |       |       |            | П      |        | Ť     |                 | <u>-</u>     |         |       |            |      |        |     |          |     |            |       | I        | Τ        | 1        | Τ             | Т       |         |                   |
| DATE:   |          | / 1   | I M   | / <u>Y</u> | Υ      | Υ      | γ     |                 | <u>.</u>     |         |       |            |      |        |     |          |     |            |       |          |          | _I       |               | -1      |         |                   |
| ID NUMBER:  |          |       |       |            |        |        | Ι     |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| CATEGORY OF BUSINE LLC Partnership TYPE OF ACCOUNT (PI      | s        | ole F | Propr | -          | ship   | r      | MDA   | 's [            | ] ;          | Scho    | ool [ |            | Ot   | her    | s [ |          |     |            |       |          |          |          |               |         |         |                   |
| <u></u> _   | Depos    | -     |       | nt _       | Doi    | micili | iary  | Acco            | ount         |         | ] C   | the        | rs   |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| THIS FORM SHOUL   | D BE     | CC    | MPL   | ETE        | D IN   | I CA   | PITA  | AL L            | ЕΤ           | ΓER     | S     |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| 1. COMPANY DI   | ETAIL    | S     |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| Company/Business Name                                       | e:       |       |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| Certificate of Incorporation                                | on/RC    | No:   |       |            |        |        |       |                 | Date         | e of Ir | ncor  | oorat      | ion: |        |     |          |     | $\square/$ | Y     | γ        | Y        | Y        | ]             |         |         |                   |
| Type/Nature of Business:                                    |          |       |       |            |        |        |       |                 |              |         | Indu  | ustry/     | Sec  | tor: [ |     |          |     |            |       |          |          |          |               |         |         |                   |
| Headquarters:   |          |       |       |            |        |        |       | Т               |              |         |       |            |      | 1      |     |          |     |            | П     |          | Π        |          | Т             | T       |         |                   |
| Local Govt.:  |          |       | 7     |            |        |        | İ     | Sta             | ate:         |         |       | Ť          | Ī    | T      | Ī   |          |     | Cou        | ntry: |          | İ        | İ        | T             | Ī       |         | 一                 |
| Operating Business Addre                                    | ess 1:   |       |       |            |        |        |       | _               |              |         |       |            |      |        |     |          |     |            | Ė     |          |          |          | _             | 1       |         | $\overline{\Box}$ |
|   | -        |       |       |            |        |        |       | <br>¬ .         |              |         |       |            |      |        | _   |          |     |            |       |          | <u> </u> | <u> </u> |               |         |         |                   |
| Local Govt.:  |          |       |       | +          |        | _      |       | Sta             | ate:         |         |       |            | _    |        |     |          |     | Cou        | ntry: |          |          |          | _             | <u></u> | <u></u> |                   |
| Operating Business Addre                                    | ess 2:   | Щ     |       | 4          | Щ      |        |       |                 |              | Ш       |       |            |      | 4      |     | $\dashv$ |     |            | Щ     |          |          |          | <u> </u>      |         |         | Ш                 |
| Local Govt.:  | Щ        |       |       |            |        |        |       | Sta             | ate:         |         |       |            |      |        |     | $\Delta$ |     | Cou        | ntry: |          |          |          |               |         |         |                   |
| Tax ID NO.:   | Ш        |       |       |            |        |        |       | wel             | osite        | (if an  | y)    |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| Email:  |          |       |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          | Т             | T       |         | П                 |
| Phone Number 1:   |          |       |       |            |        |        |       | Pr              | none         | Numl    | per 2 | 2: [       |      |        |     |          |     |            |       |          |          |          |               | ]       |         |                   |
| 2. ANNUAL TRU   | JRNO     | VER   |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| (Tick where appropriate) (a) Less than N10 (d) N100 Million | - Les    | s tha | n N50 |            |        | - Les  |       | n N50<br>10 Mil |              | ion     |       | c) N5<br>e | 0 Mi | llion  | -   | Less     | tha | n N1       | 1 00  | Millic   | on [     |          |               |         |         |                   |
| 3. ACCOUNT SI   |          |       |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| 3.1 ACCOUNT SIG   | GNAT     | ORY   | DET   | AILS       |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| Surname:  |          |       |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| First Name:   |          |       |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| Other Names:  |          |       |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
| Mother's  |          |       |       |            |        |        |       |                 |              |         |       |            |      |        |     |          |     |            |       |          |          |          | Ι             |         |         |                   |
| Maiden Names:  Date of Birth:                               | / M      | M     | / V   | V          | y v    | γ .    | Gend  | ler: F          |              | <br>] м |       | <br>]      |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |
|   | 17 1 171 | 171   | 7 I I |            | 11     | : I '  | UI ات | r               | 1            | 1 171   | 1     | 1          |      |        |     |          |     |            |       |          |          |          |               |         |         |                   |



| RC | NO: 1 | 1508251 |  |
|----|-------|---------|--|
|----|-------|---------|--|

| Nationality:                       |                                 |
|------------------------------------|---------------------------------|
| Means of<br>Identification:        |                                 |
| ID Issue Date:                     |                                 |
| BVN                                |                                 |
| Occupation:                        |                                 |
| Status/<br>Job Title:              |                                 |
| Residential<br>Address:            |                                 |
| House Number:                      | Street Name:                    |
| Nearest Bus<br>stop &<br>Landmark: | Local Govt.                     |
| Country:                           | State:                          |
| Email:                             |                                 |
| Phone Number 1:                    | Phone Number 2:                 |
| Signature:                         | Date:////                       |
| 3.2 ACC                            | OUNT SIGNATORY DETAILS          |
| Surname:                           |                                 |
| First Name:                        |                                 |
| Other Names:                       |                                 |
| Mother's<br>Maiden Names:          |                                 |
| Date of Birth:                     | D D / M M / Gender: F M         |
| Nationality:                       |                                 |
| Means of<br>Identification:        |                                 |
| ID Issue Date:                     | ID Expiry Date: III / W / Y / Y |
| BVN                                |                                 |
| Occupation:                        |                                 |
| Status/<br>Job Title:              |                                 |
| Residential<br>Address:            |                                 |
| House Number:                      | Street Name:                    |
| Nearest Bus<br>stop &<br>Landmark: | Local Govt.:                    |
| Country:                           | State:                          |
| Email:                             |                                 |
| Phone Number 1:                    | Phone Number 2:                 |
| Signatu                            | re: Date: Date:                 |



| 3.3 ACC                   | OUN   | IT S | IGN | IAT  | ORY | / D | ET  | AIL | S   |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
|---------------------------|-------|------|-----|------|-----|-----|-----|-----|-----|------|------|----------|------|-------|-------|-------|----------|-------|--------------|------|------|------|-----|---|--|--|---------|---------|----------|--|
| Surname:                  |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| First Name:               |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Other Names:              |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Mother's<br>Maiden Names: |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Date of Birth:            |       |      |     | M    | M   |     | Y   | Y   | Υ   | Υ    |      | Ge       | nder | : F   |       | М     |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Nationality:              |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Means of Identification:  |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| ID Issue Date:            |       |      |     | M    | M   |     | Y   | Y   | Y   | Y    | II   | D Ex     | piry | Date  | e: [] |       |          | M     | M            |      | Y    | (    | / } | 7 |  |  |         |         |          |  |
| BVN                       |       |      |     |      |     | I   |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Occupation:               |       |      |     |      |     | 1   |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Status/<br>Job Title:     |       |      |     |      |     | T   |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Residential<br>Address:   |       |      |     | I    |     | 1   |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| House Number:             |       |      |     |      |     |     |     |     |     |      |      |          |      |       | ;     | Stree | t Na     | me:   |              |      |      |      |     |   |  |  |         |         |          |  |
| Nearest Bus<br>stop &     |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       | Lo    | cal G    | ìovt. |              | L    |      |      |     |   |  |  |         |         |          |  |
| Landmark:<br>Country:     |       |      |     |      |     | Τ   |     |     |     |      |      |          |      | I     | l     | 1     | Sta      | ıte:  |              | П    |      |      |     |   |  |  |         |         |          |  |
| Email:                    |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       | ,<br> |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Dhara Niverbard           | . —   |      |     |      |     |     |     |     |     |      |      |          |      |       | NI    |       | ۰.       |       |              |      |      |      | I   |   |  |  | ——<br>1 |         | <u> </u> |  |
| Phone Number 1            | ·     |      |     | +    |     |     |     |     |     |      |      | <u> </u> | J P  | none  | Nun   | iber  | ۷.       |       |              |      |      |      |     |   |  |  | J       |         |          |  |
| Signature:                |       |      |     |      |     |     |     |     |     |      |      |          | Dat  | :e:   |       |       | <u> </u> | N     |              | Y    | Y    | Y    | Υ   |   |  |  |         |         |          |  |
| 4. DETA                   | ILS ( | OF T | HEI | DIRI | ECT | OR  | S/E | XE  | CUT | IVES | /TRI | JST      | EES  | /ADI  | MINI  | STR   | ATO      | R/ P  | RIC          | NCIF | AL ( | OFFI | CER |   |  |  |         |         |          |  |
| 4.1 DETA                  | ILS ( | OF T | HEI | DIRI | ECT | OR  | S/E | XE  | CUT | IVES | /TRI | JST      | EES  | /ADI  | MINI: | STR   | ATOI     | R/ P  | RIC          | NCIF | AL ( | OFFI | CER |   |  |  |         |         |          |  |
| Surname:                  |       |      |     |      |     | ł   |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         | <u></u> |          |  |
| First Name:               |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Other Names:              |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Mother's<br>Maiden Names: |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Date of Birth:            |       |      |     | V    | M.  | /   | Y   | γ   | Υ   | Y    |      | Ger      | nder | : F [ |       | М     |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Nationality:              |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Means of Identification:  |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| ID Issue Date:            |       |      |     | V    | M / |     | γ   | Υ   | Υ   | Υ    | I    | ) Ex     | piry | Date  | : []  |       |          | M     | $\mathbb{M}$ | /    | /    | / γ  | Υ   |   |  |  |         |         |          |  |
| BVN                       |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Occupation:               |       |      |     |      |     | I   |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Status/<br>Job Title:     |       |      |     |      |     | Ī   |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |
| Residential<br>Address:   |       |      |     |      |     |     |     |     |     |      |      |          |      |       |       |       |          |       |              |      |      |      |     |   |  |  |         |         |          |  |



## (Corporate Entity)

| House Number:               |      |      |             |     |          |     |     |          |      |      |           |      |      | St   | reet  | Nam   | e:    |       |      |      |      |    |    |          | L        | L        |   |               |               |      |              |
|-----------------------------|------|------|-------------|-----|----------|-----|-----|----------|------|------|-----------|------|------|------|-------|-------|-------|-------|------|------|------|----|----|----------|----------|----------|---|---------------|---------------|------|--------------|
| N/Bus-stop &<br>Landmark:   |      |      |             |     |          |     |     |          |      |      |           |      |      |      | Loc   | al G  | ovt.: |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Country:                    |      |      |             |     |          |     |     |          |      |      |           |      |      |      | St    | ate:  |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Email:                      |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Phone Number 1:             |      |      |             |     |          |     |     |          |      |      |           | Pho  | ne N | luml | oer 2 | : [   |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| 4.2 DETAIL                  | S OF | THE  | E DIF       | REC | TOR      | S/E | XEC | UTIV     | ES/  | ΓRU  | STEE      | ES/A | DMI  | NIST | ΓRΑΤ  | OR/   | PRI   | CNC   | CIPA | L OF | FIC  | ER |    |          |          |          |   |               |               |      |              |
| Surname:                    |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| First Name:                 |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Other Names:                |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Mother's<br>Maiden Names:   |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Date of Birth:              |      | D    | /_ N        |     |          | Y   | Y   | Y        | Υ]   |      | Ger       | der: | F [  |      | М     |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Nationality:<br>Means of    |      |      |             |     |          |     |     | H        |      |      |           |      |      |      |       |       |       |       |      |      |      |    | A  | <u> </u> |          | L        |   |               |               |      | =            |
| dentification:              | n    | П    | / 1/        |     | / /      | V   | V   | V        | V    | L    | L<br>D Ex | nin/ | Data | . FD |       | 1/    | M     | M     |      |      |      |    | 71 |          |          |          |   |               |               |      |              |
| D Issue Date:<br>BVN        | П    | Ш    | / <u>IV</u> | 1 1 |          |     |     |          |      | - '' |           | рігу | Date | . LD |       | _/ L  | IVI   | IVI / |      |      |      |    |    |          | _        | _        |   |               |               |      |              |
| Occupation:                 |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          | $\equiv$ | _        |   |               |               |      |              |
| Status/                     |      |      |             |     |          |     |     |          | l    |      |           |      |      |      |       |       |       |       |      |      |      |    | l  |          |          |          | l |               |               |      |              |
| Job Title:<br>Residential   |      |      |             |     |          |     |     |          |      | l    |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          | 는        | L |               |               | _    | 믐            |
| Address:                    |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          | 느        | 느        |   | $\sqsubseteq$ | $\sqsubseteq$ | _    | ᆜ            |
| House Number:               |      |      |             |     | L        |     |     |          |      |      |           |      |      | 5    | Stree | t Naı | me:   |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| N/Bus-stop &<br>Landmark:   |      |      |             |     |          |     |     |          |      |      |           |      |      |      | Loc   | al G  | ovt.: |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Country:                    |      |      |             |     |          |     |     |          |      |      |           |      |      |      | Sta   | ıte:  |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Email:                      |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Phone Number 1:             |      |      |             |     |          |     |     | I        |      |      |           | Pho  | ne N | umb  | er 2: |       |       |       |      |      | 1    |    |    |          |          | $\Box$   |   |               |               |      |              |
| 4.3 DETAILS                 | S OF | THE  | DIR         | REC | TOR      | S/E | XEC | UTIV     | ES/1 | rrus | STEE      | S/A  | DMI  | NIST | RAT   | OR/   | PRI   | CNC   | CIPA | L OF | FICE | ΞR |    |          |          |          |   |               |               |      |              |
| Surname:                    |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| First Name:                 |      |      |             |     |          |     |     |          |      |      | <br>      |      |      |      |       |       |       |       |      |      |      |    |    |          |          | <u>—</u> |   |               | $\Box$        | _    | =            |
|                             |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    | <u> </u> | _        | 一        |   |               | Ш             | _    | ᆜ            |
| Other Names:                |      |      |             |     |          | _   |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          | <u> </u> | <u> </u> |   |               | Ш             |      |              |
| Mother's<br>Maiden Names:   |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          | <u> </u> |   |               |               |      |              |
| Date of Birth:              |      |      | /_W         |     | /        | Y   | Υ   | Υ        | Υ    |      | Ger       | der: | F [  |      | М     |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Nationality:                |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Means of<br>Identification: |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| ID Issue Date:              |      |      | / N         |     | /        | Y   | Υ   | Υ        | Υ    | ID E | Expir     | y Da | te:  |      |       | M     | M     | ]/[   | Υ    | Υ    | Υ    | Υ  |    |          |          |          |   |               |               |      |              |
| BVN                         |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Occupation:                 |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| Status/<br>Job Title:       |      |      |             |     |          |     |     |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      | 三            |
| Residential<br>Address:     |      |      |             |     |          |     | L   |          |      |      |           |      |      |      |       |       |       |       |      |      |      |    |    |          |          |          |   |               |               |      |              |
| House Number:               |      | <br> | _ <u>_</u>  |     |          |     |     |          |      |      |           |      |      | Stre | et Na | ame:  |       |       |      |      |      |    |    |          |          |          |   |               |               | <br> | $\bar{\neg}$ |
| Nearest Bus                 |      |      |             |     |          |     | _   |          |      |      |           |      |      |      |       |       | ایر   |       |      |      |      |    |    |          | $\equiv$ | $\vdash$ |   |               |               | _    | =            |
| stop & Landmark:            |      |      |             |     | <u> </u> |     |     | <u> </u> |      |      |           |      |      |      | LOC   | al G  | ovt.: |       |      |      |      |    |    | <u> </u> | ш        | Щ        |   |               | Ш             |      |              |



| Country:                                  |      |       |  |       |      |      |      |      |      |      |      |       |      |       | ]     | Sta   | te:    |        |       |      |   |   |   |   |   |          | I       |           |          |  |
|---|------|-------|--|-------|------|------|------|------|------|------|------|-------|------|-------|-------|-------|--------|--------|-------|------|---|---|---|---|---|----------|---------|-----------|----------|--|
| Email:                                    |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Phone Number 1:                           |      |       |  |       |      |      |      |      |      |      |      |       | Phor | ne Nu | umbe  | er 2: |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| 5. DETAIL                                 | S OF | - A s | SOLE   | E PR  | OPI  | RIET | OR ( | Appl | icab | le O | NLY  | to a  | 'One | э Ма  | ın' B | usin  | ess)   |        |       |      |   |   |   |   |   |          |         |           |          |  |
| 5.1 PERSO                                 | NAL  | INF   | ORN  | ITAN  | ON   |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Surname:                                  |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          | $\perp$ | $\square$ |          |  |
| First Name:                               |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Other Names:<br>Mother's<br>Maiden Names: |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Date of Birth:                            |      |       | <u>/                                    </u> | 1   1 | Ц/   | Υ    | Y    | Y    | Y    |      | Gei  | nder: | F    |       | М     |       | M      | larita | l Sta | tus: |   |   |   |   | Ļ | <u> </u> |         | Ļ         | <u> </u> |  |
| Nationality: Means of Identification:     |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   | L |   | <u> </u> |         | <u>L</u>  |          |  |
| ID Issue Date:                            |      |       |  |       | /    | Υ    | Y    | Υ    | Υ    | ı    | D Ex | piry  | Date | : []  |       |       | M      | M.     |       | Y    |   |   | Y |   |   |          |         |           |          |  |
| BVN                                       |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   | Ц | L |          | L       | L         |          |  |
| Occupation:                               |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   | П |   |          |         |           |          |  |
| Status/<br>Job Title:                     |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   | I |   |          |         |           |          |  |
| 5.2 CONTA                                 | CT E | )ET/  | AILS   |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Residential Address:                      |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   | П |   |          |         |           |          |  |
| House Number:                             |      |       |  |       |      |      |      |      |      |      |      |       |      | S     | treet | Nar   | ne:    |        |       |      |   |   |   |   |   |          |         |           |          |  |
| N/Bus-stop & Landmark:                    |      |       |  |       |      |      |      |      |      |      |      |       |      |       | Loc   | al G  | iovt.: |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Country:                                  |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       | Sta   | te:    |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Email:                                    |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Phone Number 1:                           |      |       |  |       |      |      |      |      |      |      |      | Ph    | one  | Nun   | nber  | 2:    |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| 5.3 DETAILS                               | OF   | NE    | хт о   | F KI  | N    |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Surname:                                  |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| First Name:                               |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Other Names:                              |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Relationship:                             |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Date of Birth:                            |      |       | / N  | V     |      | Υ    | Υ    | Y    | Y    |      | Gen  | der:  | F [  |       | М     |       | Ма     | arital | Stat  | us:  |   |   |   |   |   |          |         |           | ĺ        |  |
| Nationality:                              |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Means of Identification:                  |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| ID Issue Date:                            |      |       | / \  | 1     | 1    | Υ    | Y    | Y    | Υ    | ı    | D Ex | piry  | Date | : []  |       |       | M      | M      |       | γ \  | ( | / | Y |   |   |          |         |           |          |  |
| BVN                                       |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Occupation:                               |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          | Τ       |           |          |  |
| Status/<br>Job Title:                     |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| 5.4 SIGNAT                                | URE  | OF    | THE  | SOI   | LE F | PROF | PERI | TOR  |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
|   |      |       |  |       |      |      |      |      |      |      |      |       |      |       |       |       |        |        |       |      |   |   |   |   |   |          |         |           |          |  |
| Signati                                   | ıre: |       |  |       |      |      |      |      |      |      |      |       |      | Da    | ate:  |       |        |        | M     | M /  | Υ | ( | / | / | γ |          |         |           |          |  |





| 4000111  | IT OPENING MANDATE  |   |   |
|----------|---|---|---|
|          | NT OPENING MANDATE  Type of Account (Please Tick where necessary) |   |   |
| a.       |   |   |   |
| _        | Current Account Deposit Account Investmen                         | nt Domiciliary Account Other Box                      |   |
| b.       | Account Name:   |   |   |
| c.       | Account Number:   |   |   |
| d.       | Mandate Authorisation/Combination (please tick as app             | propriate) Sole Signatory Either to Sign Both to Sign |   |
| e.       | Signatories   |   |   |
|          | 9:  | -   |   |
|          | me:   |   |   |
|          | s Maiden Names:   |   |   |
|          | Signatory:  |   |   |
|          | ie italiibei.   | Photograph  |   |
| BVN:     |   |   |   |
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| Signatu  | re & Date:  |   |   |
| oignatu  | le & Date   |   |   |
|          |   |   |   |
| {F       | FOR COMPANY USE}  | {FOR COMPANY USE}                                     |   |
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| Haines   |   | Numes.  | _ |
| Signati  | ure   | Signature   |   |
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|          |   |   |   |
|          |   |   |   |
| Surname  | e:  |   |   |
| First Na | me:   |   |   |
|          | s Maiden Names:   |   |   |
|          | Signatory:  | Passport  |   |
|          | ne Number:  | Photograph  |   |
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| Signatu  | re & Date:  | _   |   |
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| {F       | FOR COMPANY USE}  | {FOR COMPANY USE}                                     |   |
| -        | :   | Names:  |   |
|          |   |   |   |
| Signatu  | ıre   | Signature   |   |
|          |   |   |   |



m or service in relation to managing My/Our account in addition to those stated in operation of My/Our account.

att, a Additional Terms and Conditions for Fixed Term Deposits

RC NO: 1508251

- 1 In other to open any of the fixed term products that The Firm offer, I/We will need to make a minimum deposit, which will be advised to Me/Us at the time that I/We to make the deposit.
- 2 I/We will not be able to add further funds to My/Our initial deposit once the term and interest rate have been fixed.
- 3 However further deposits can be used to open additional fixed term deposits. The rate applicable to the new deposit will be that available on the day that the new deposit made.
- 4 The Firm will pay net interest (interest with statutory tax deducted) on the maturity date of My/Our deposit if My/Our deposit is for a period of one year or less. If My/Our deposit is for a period greater than one year, interest will be paid annually on the anniversary of your deposit.
- 5 Ballors My/Cur deposit comes to an end (insturse). The Firm need to know what MWs want to do when it does mature. I/We can:

  [a] Give The Firm<sup>2</sup> a renewal instruction when I/We make M/Our initial deposit.

  [b] Contact The Firm<sup>2</sup> in writing with My/Cur instructions ablore close or business on the business day before My/Our deposit is due to mature; or

  [c] Set up an automatic rollover so that, until I/We tell The Firm<sup>2</sup> otherwise. The Firm<sup>2</sup> will renew My/Our deposit for the same term at the same interest rate that applies each time it matures.
- 6 It is your responsibility to advise in good time of your instructions upon maturity of the deposit.
- 8 There is no cancellation period for the fixed term deposit.
- 9 The Firm will only make changes to the terms and conditions applying to a fixed term deposit if it is necessary or appropriate to do so to meet legal, financial or regulatory requirements or set out our duties and responsibilities under them. The Firm will give MarUs at least 30 days advance personal notice of a change of this kind, unless the firm are required to make the change sooner due to those legal or requisitory requirements.

## Indemnity for Honoring Electronic Instructions

- I/We are fully aware that sell orders, purchase orders, fund transfer, payment instructions and other instructions on this account shall be written instruction signed according to my/our mandate. I/we hereby acknowledge that the use of facalimike (tax), telephone, e-mail, online portal, SMS messages etc. or other unsecured means of communication to convey instructions is associated with additional risks and final exposure.
- 2 In consideration of The Firm agreeing to accept and act upon any instructions, communications and documents by facaimile (fax), telephone, e-mail, SMS messa online portal etc. unaccompanied by my/our signed written instruction in hardcopies. (Iwe hereby irrevocably undertake to indemnify The Firm and hold it harmless f and against all costs (including without limitation, legisless and expenses, claims, bases, labelities, damages and proceedings) whithout limitation, legisless and expenses, claims, bases, labelities, damages and proceedings) whithout limitation, legisless and expenses, claims, bases, labelities, damages and proceedings) whithout limitation, legisless and expenses that the work of the proceeding of the
- 3 This indemnity shall be a continuing security for each and every fund transfer request received by The Firm from the My/Our account(s) during the subsistence of the relationship between The Firm and Me/Us or during the subsistence of the transaction in respect of such transfer received by The Firm as aforesaid.

#### imer of Warranties

- I/We expressly understands and agrees that the use of The Firm's service is at his/her sole risk. The service is provided on an 'as is available' basis. The Firm expressly disclaims all warranties of any kind, whether express or implied, including, but not limited to implied warranties of merchantability, fitness for a particular purpose and
- I/We understand that The Frm makes no warranty that (i) the service will meet customer's requirements, (ii) the service will be uninterrupted, timely secure, or error free, (iii) the result that may be obtained from the use of the service will be accurate and reliable, (iii) the quality of any products, services, information or other material purchased or obtained by the customer through the service will meet my/our expectations.
- 3 LWe understand that The Firm make no warranty on any material downloaded or otherwise obtained through the use of the Service and is not responsible for any damage to customer's computer system or loss of data that results from the download of any such material. No advice or information whether oral or written obtained by MeUs from The Firm, through u The Firm of from the Service will create any warranty not expressely stated in these terms.
- 4. Service changes and discontinuation. The Firm reserves the right to change or discontinue, temporarily or permanently, the service at any time without notice in order to maintain the security and integrity of the service, The Firm may also suspend customer's access to the service at any time without notice. Customer agrees that The Firm will not be able to the MeVal or any third party for any modification or discontinuation of the service.

bureaus for the purpose of conducting checks on the Me/Us. I/We hereby irrevocably and unconditionally grants My/Our account(s)/transaction(s) with The Firm, to such credit bureaus and reference agencies whether based locally or abroad, including information on the Customer's Directors and other personnel, transactions and conduct on the Customer's account together with details of any non-payment or delayed payments as The Firm may deem necessary. The consent herein given discharges The Firm from all liabilities, claims and damages for such disclosure made by The Firm to any credit bureau pursuant to the consent herein granted.

| TWE CONTINUE THAT TWE THAT THE ABOVE TERMS AND CONDITIONS AND TOLET ON DEPOTATION THE CONTENTS THEREIN |
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|  |
| (Signature & Date)   |
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|  |
| (Signature & Date)   |
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## **TERMS AND CONDITIONS**

We confirm and agree that my/our account(s) and all transactions between me/us (the customer, "I" or "me' or "ve") and AAA FINANCE AND INVESTMENT

COMPANY LIMITED 'The Firm'), shall be governed by the conditions specified below and/or the terms of any specific agreement between us/me and The Firm or

1 The Firm will levy charges for the operation of the account in accordance with their standard tariff. The Firm reserve the right to levy any reasonable charges for addition services in relation to managing My/Our account in addition to those stated in standard tariff or for providing Me/Us with more frequent information regarding: ns or such agreement, by customary finance house practice in Nigeria.

- The Firm will not establish or operate the requested account(s) unless and until it has received the required supporting documents for the acco-list of which have been provided to melus and is included with this application form. Copies of application forms and other required documents the client should be attached, to facilitate prompt verification of documents. The Firm will not be held responsible for delays in verification as a res incomplete documentation, irregular signature or process delays by third-party.
- The Firm is hereby authorized to undertake all "Know Your Customer" (KYC) procedures specified by applicable law/regulation and/or The Firm po-including the confirmation of my/our details and legal status at the appropriate government registry. I/Ve hereby authorize you to debit my/our ac-without further notice to melvis for the cost attendant to such KYC procedures.
- 3 The Firm's acceptable standard formats for mandates can be given to me/us, I/we can download it from The Firm's website or The Firm can forward it
- 4 The Firm, with respect to my/our mandate, acts as financial advisors and executors on my/our behalf. Any arising transactions will be executed based on my/our mandate and the current market rate on the date of execution. Rates however, are subjected to marginal daily changes therefore; The Firm do not guarantee a specific market price.
- /Our Account mandate, advice and instructions can be done via written instruction, email and online portal. IWe understand that Transact addine for the receipt of mandate by The Firm is 45 minutes before the closure of each market day (i.e. before 4pm every working weekday), notates received either the stipulated decidine as stated herein, will be treated as having been received on the nest business day following the act to of receipt. Non-business days (weekend or public holidays) will be treated as received on the business day following the weekend or public ho
- The Firm is hereby authorized to undertake all "Know Your Customer" (KYC) procedures specified by applicable law/regulation and/or The Firm princluding the confirmation of my/our details and legal status at the appropriate government registry. IVVe hereby authorize you to debit my/our as without further notice to meruls for the cost attendant to such KYC) procedure.
- The Firm shall be entitled to retain and not repay any amount whatsoever that is owed to me/us or which it holds on my/our behalf and until all a owed by me/us or to the related party to The Firm have been repaid or discharged in hill and, for so long as such amounts so owed to me/us on my/our behalf and discharge of the amounts were down and use the related party to The Firm.
- 9 The Firm is hereby authorized, in the absence of any written instruction to the contrary, to place my/our funds in any appropriate investmentivinic the purpose of this clause shall include but not limited to investments in Commercial paper whether guaranteed by The Firm or otherwise) or onde and to renewireinvest at maturity any investment or deposit made in my/our name(s) on the same terms and condition that applied to investment/deposit immediately prior to its maturity or on such other terms and conditions as The Firm may, in its absolute discretion, con
- Where I/We maintain a credit account with The Firm in any foreign currency, the credit balance of such account may be held by The Firm with any bor financial institution it considers first rate located in any country in which such froeign currency is legal tender. Such credit balance will accordingly subject to all laws and applicable regulations in Régiera and in the country in which such credit balance is held and The Firm shall not be held allow the credit balance or any part thereof becomes unavailable as a result of any of the laws and regulation to which such credit balance is subject.
- 13 Where these conditions are signed by or on behalf of more than one person as the customer, all of such persons are bound by these terms and

### Overdrafts and Other Loans

- 1 This agreement deals borrowing through an overdraft. Additional terms and conditions apply to borrowing by other means such as a loan. The form of Credit Bureau borrowing and any security required will be agreed between The Firm and I/Us.

  We acknowledge
- 2 The Firm may cancel any standing orders and direct debit from My/Our account if My/Our account becomes overdrawn
- 3 Unless The Firm agreed other terms with Me/ Us in writing, overdrafts will always be repayable on demand.
- 4 I/We will have to pay costs and fee incurred or charge d by The Firm in connection with the negotiation, preparation, investigation, administration, supervision or enforcement of My/Our borrowing. These will include expenses, fees (e.g. legal, security and valuation fees), stamp duty, taxes and other charge. These costs and fees will be debeted from My/Our account.

### Set-Off

THE FIRM

- counts I/We hold with The Firm are in credit. The Firm may use them to repay any amount I/We owe them including but not limited to sums ther accounts I/We hold with The Firm either in the same name(s) or in the case of corporate accounts, its affiliates, subsidiary or si /s account/eitherfor or not in the same name), even if the accounts are in different currencies.
- 2 Where I/We have an account with The Firm in My/Our sole name, and that account has a credit balance, The Firm can set-off these monies against any money owing to them on the joint account even if the accounts are in different currencies.

## **DECLARATIONS**

I/WE HEREBY APPLY FOR THE OPENING OF MY ACCOUNT OR ACCOUNTS WITH AAA FINANCE AND INVESTMENT COMPANY LIMITED. I/WE UNDERSTAND THAT THE INFORMA-TION GIVEN HEREIN IS THE BASIS FOR OPENING SUCH ACCOUNT(S) AND HEREBY WARRANT THAT SUCH INFORMATION IS CORRECT I/WE FURTHER UNDERTAKE TO INDEMINIFTY THE FIRM FOR ANY LOSS SUFFERED AS A RESULT OF ANY FALSE INFORMATION OR ERROR IN THE INFORMATION PROVIDED TO

| *** IN WITNESS WHERE OF, THE COMMON SEAL OF | (NAME OF COMPANY) IS HEREBY AFFIXED THISDAY OF |
|---|--|
|   |  |

**DIRECTOR (Name, Signature & Date)** 

DIRECTOR (Name, Signature & Date)

# SIGNED, SEALED & DELIEVERED BY WITHIN NAMED PERSON

| Name:      |       |
|------------|-------|
| Status:    | -     |
| Signature: | Date: |

| Comp | oany Seal |
|------|-----------|
|      |           |

### IN THE PRESENCE OF

| Name:      |       |
|------------|-------|
| Status:    |       |
| Signature: | Date: |

| Con | npany Seal |  |
|-----|------------|--|
|     |            |  |