



## CENTRAL BANK OF NIGERIA

Financial Policy & Regulation Department  
Central Business District  
P.M.B. 0187  
Garki, Abuja.

To 09-46237401; 09-462 37404  
E-mail: [fprd@cbn.gov.ng](mailto:fprd@cbn.gov.ng)

FPR/DIR/CIR/GEN/01/034

2<sup>nd</sup> October, 2012

### CIRCULAR TO ALL BANKS AND OTHER FINANCIAL INSTITUTIONS

#### UNIFORM ACCOUNT OPENING FORMS

The absence of uniformity in account opening procedure and documentation for prospective customers has continued to hinder the effectiveness of KYC requirements in banks and other financial institutions in Nigeria. The adverse implication of this on the fight against money laundering and the combating of financing of terrorism cannot be overemphasized. The CBN, in conjunction with the Committee of Chief Compliance Officers of Banks in Nigeria (CCCOBIN) has therefore developed draft uniform account opening forms for adoption by banks and other financial institutions in order to:

- i. increase the effectiveness of customer due diligence (CDD);
- ii. comply with AML/CFT standards; and
- iii. facilitate quick investigation of financial crimes by relevant agencies.

In line with best practice, you are please requested to make your comments and critique on the draft documents structured as follows:

- i. **FORM A**- Account Opening Form for Individuals;
- ii. **FORM B**- Account Opening Form for Companies, Partnership & Sole Proprietorship; and
- iii. **FORM C**- Account Opening Form for Designated Non-Financial Businesses and Professions (DNFBPs).

Hard copies of your comments and response should be forwarded to the Director, Financial Policy and Regulation Department (FPRD) by 5<sup>th</sup> November, 2012 while soft copies be mailed to [uaobot@cbn.gov.ng](mailto:uaobot@cbn.gov.ng) and [abisah@cbn.gov.ng](mailto:abisah@cbn.gov.ng) accordingly.

  
OBOT, U.A.

FOR: DIRECTOR, FINANCIAL POLICY AND REGULATION DEPARTMENT



ACCOUNT No. (for official use only) 

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

**5. EMPLOYMENT DETAILS**Employed  Self Employed  Unemployed  Retired  Student  Other (Please specify) Date of Employment (if employed) 

D	D	M	H	V	Y	Y	Y	Y

Employer's Name 

Employer's /Employment Address

Street Number  Street Name City/ Town Nearest Bus Stop Nature of Business/  
Occupation Office Phone Number  Fax Number **6. DETAILS OF NEXT OF KIN**Surname Middle Name First Name Relationship  Mobile Number E-mail Address: 

Contact Details

Street Number  Street Name City/Town Nearest Bus Stop

Affix  
Passport  
Photograph  
here

**7a. PERSONAL INFORMATION FOR SECOND OR JOINT APPLICANT**

First Name

Middle Name \_\_\_\_\_

Marital Status (Please tick) Single  Married  Other (please specify) \_\_\_\_\_

Mother's Maiden Name:

Nationality (for non Nigerian)  Resident permit No.

Tax Identification Number (TIN)

**7b. CONTACT DETAILS:**

Residential Address  
Street Number      Street Name

Good Team

**Nearest Bus Stop:** [REDACTED]

Phone Number (1) \_\_\_\_\_ Phone Number (2) \_\_\_\_\_

E-mail Address

### **7c. MEANS OF IDENTIFICATION**

National ID Card     National Driver's License     International Passport     \* Other (please specify) \_\_\_\_\_

ID No. [Redacted] ID Issue Date [Redacted] D M Y Y Y Y Y Y  
ID Expiry Date [Redacted] D M Y Y Y Y Y Y

\* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed ID's

**7d. EMPLOYMENT DETAILS:**

**7d. EMPLOYMENT DETAILS:**

Employed  Self Employed  Unemployed  Retired  Student  Other (Please specify) \_\_\_\_\_

**Employer's Name** \_\_\_\_\_

Employer's/Employment Address \_\_\_\_\_

Address: \_\_\_\_\_

City/ Town

Landmarks

Nature of Business/  
Occupation \_\_\_\_\_

Office Phone Number  Fax Number

**7e. DETAILS OF NEXT OF KIN**

Surname: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Contact Details:  
 Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Landmarks: \_\_\_\_\_

**8. PARTICULAR OF REFEREES**

1.  
 Surname: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Name of Bank/Branch: \_\_\_\_\_  
 Banker's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 2.  
 Surname: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Name of Bank/Branch: \_\_\_\_\_  
 Banker's Address: \_\_\_\_\_  
 \_\_\_\_\_

**9. ADDITIONAL DETAILS**

I Educational Qualification: \_\_\_\_\_ Certification Date: 

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

  
 II Name of Beneficial Owner(s):  
 \_\_\_\_\_  
 III Spouse's Name: \_\_\_\_\_  
 IV Spouse Date of Birth: 

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

  
 V Sources of Fund to the Account: \_\_\_\_\_  
 \_\_\_\_\_  
 VI Sources of Wealth of the Account holder: \_\_\_\_\_  
 \_\_\_\_\_  
 VII Name of Children:

S/N	NAME	DATE OF BIRTH (DD/MM/YYYY)	ADDRESS/E-MAIL

VIII Name of Associated Business(es): 1.						
2.						
3.						

IX Type of Business: \_\_\_\_\_

X Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XI ACCOUNT HELD WITH OTHER BANKS :**

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED <small>(DD/MM/YY)</small>	STATUS: ACTIVE/DORMANT
1.					
2.					
3.					
4.					

**10. TERMS AND CONDITIONS**

## II. ACCOUNT OPENING MANDATE

a. Type of Account (Please tick as appropriate)     Current     Savings     Joint     Domiciliary

b. Name of Organization .....

c. Account No.

d. Signatories:

i. Name: Surname    First Name    Middle Name

Identification Type:

Identification No.:

Signature & Date

ii. Name: Surname    First Name    Middle Name

Identification Type:

Identification No.:

Signature & Date

PHOTO

PHOTO

FOR BANK USE ONLY

Name of Officer

Signature

FOR BANK USE ONLY

Name of Officer

Signature

iii. Name: Surname    First Name    Middle Name

Identification Type:

Identification No.:

Signature & Date

PHOTO

iv. Name: Surname    First Name    Middle Name

Identification Type:

Identification No.:

Signature & Date

PHOTO

FOR BANK USE ONLY

Name of Officer

Signature

FOR BANK USE ONLY

Name of Officer

Signature

v. Name: Surname    First Name    Middle Name

Identification Type:

Identification No.:

Signature & Date

PHOTO

vi. Name: Surname    First Name    Middle Name

Identification Type:

Identification No.:

Signature & Date

PHOTO

FOR BANK USE ONLY

Name of Officer

Signature

FOR BANK USE ONLY

Name of Officer

Signature

NOTE: The institution can provide more space if the number of Signatories to the account is more than spaces (6) provided.

**12. DECLARATION:**

I/We hereby apply for the opening of account(s) with..... Bank Plc. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We have read the terms and conditions governing the operations of the account(s) which are presented overleaf and agreed to be bound by them.

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

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

Signature



ACCOUNT No. (for official use only)

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

**13. REQUIREMENT CHECKLIST (FOR BANK USE ONLY)****Savings Account**

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Three (3) recent passport photographs			
4.	Proof of Identity: International passport, Driver's license or National ID card (original must be sighted)			
5.	Proof of Address: Utility bill (Certified true copy is acceptable if original is not held)			
6.	Letter from Employer / School / NYSC (for salary account and or Student only)			
7.				

**Current/Domiciliary Account**

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Three (3) recent passport photographs			
4.	Two (2) independent and satisfactory references			
5.	Proof of Identity: International passport, Driver's license or National ID card (original must be sighted)			
6.	Proof of Address: Utility bill (Certified true copy is acceptable if original is not held)			
7.	Letter from employer (for salary account only)			
8.	Resident permit (for domiciliary account only)			
9.	Other Documents Provided			

**14. AUTHENTICATION FOR FINANCIAL INCLUSION**

i. Is the customer socially or financially disadvantaged? YES  NO

ii. If answer to the question (i) above is yes, state other documents obtained in line with the bank's policy on social/financially disadvantaged customer in compliance with paragraph 2.6.1.5.8 of AML/CFT Regulation, 2009

.....  
.....  
.....

YES  NO 

iii. Does the  Moderate Risk  High Risk  Agent?

**15. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS**

Is the Applicant a Politically Exposed Person? YES  NO

**For Bank Use Only:**

**A. ACCOUNT OPENED BY:**

Name

Date:   D D M M Y Y Y Y

Signature:.....

Name

Date:   D D M M Y Y Y Y

Signature:.....

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

Name

Date:   D D M M Y Y Y Y

Signature:.....

Name

Date:   D D M M Y Y Y Y

Signature:.....

**C. ADDRESS VERIFICATION CARRIED OUT BY:**

Name

Date:   D D M M Y Y Y Y

Signature:.....

Name

Date:   D D M M Y Y Y Y

Signature:.....

**COMMENT(S):**

.....  
.....  
.....  
.....  
.....

**D. ACCOUNT OPENING APPROVED BY:**

Name

Date:   D D M M Y Y Y Y

Signature:.....

Name

Date:   D D M M Y Y Y Y

Signature:.....



**5. KEY CONTACT PERSONS /PRINCIPAL OFFICERS DETAILS:**

1. Surname: [REDACTED]  
First Name: [REDACTED]  
Middle Name: [REDACTED]  
Date of Birth: [DD MM YY] Gender: M  F  Mother's Maiden Name: [REDACTED]  
Means Of Identification: [REDACTED] ID Number: [REDACTED]  
Occupation: [REDACTED]  
Job Title: [REDACTED]  
Residential Address: [REDACTED]  
Mobile Number: [REDACTED] E-mail: [REDACTED]

2. Surname: [REDACTED]  
First Name: [REDACTED]  
Middle Name: [REDACTED]  
Date of Birth: [DD MM YY] Gender: M  F  Mother's Maiden Name: [REDACTED]  
Means Of Identification: [REDACTED] ID Number: [REDACTED]  
Occupation: [REDACTED]  
Job Title: [REDACTED]  
Residential Address: [REDACTED]  
Mobile Number: [REDACTED] E-mail: [REDACTED]

3. Surname: [REDACTED]  
First Name: [REDACTED]  
Middle Name: [REDACTED]  
Date of Birth: [DD MM YY] Gender: M  F  Mother's Maiden Name: [REDACTED]  
Means Of Identification: [REDACTED] ID Number: [REDACTED]  
Occupation: [REDACTED]  
Job Title: [REDACTED]  
Residential Address: [REDACTED]  
Mobile Number: [REDACTED] E-mail: [REDACTED]

4. Surname: [REDACTED]  
First Name: [REDACTED]  
Middle Name: [REDACTED]  
Date of Birth: [DD MM YY] Gender: M  F  Mother's Maiden Name: [REDACTED]  
Means Of Identification: [REDACTED] ID Number: [REDACTED]  
Occupation: [REDACTED]  
Job Title: [REDACTED]  
Residential Address: [REDACTED]  
Mobile Number: [REDACTED] E-mail: [REDACTED]

**6. ACCOUNT SIGNATORY'S DETAILS**

1. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Class of Signatory  
(Please indicate class in the box provide) \_\_\_\_\_ Signature \_\_\_\_\_ Date 

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

2. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Class of Signatory  
(Please indicate class in the box provide) \_\_\_\_\_ Signature \_\_\_\_\_ Date 

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

3. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Class of Signatory  
(Please indicate class in the box provide) \_\_\_\_\_ Signature \_\_\_\_\_ Date 

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

**7. DIRECTOR'S DETAILS**

1. Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Date of Birth: 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
  
Mobile Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 

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

2. Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Date of Birth: 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
  
Mobile Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 

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

3. Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Date of Birth: 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
  
Mobile Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 

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

**8. FOR SOLE PROPRIETORSHIP**

### I. PERSONAL INFORMATION

Title  Surname

**First Name** \_\_\_\_\_

Middle Name \_\_\_\_\_

Nick Name \_\_\_\_\_ Gender \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

Marital Status (Please tick) Single  Married  Other (please specify) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Nationality (for non Nigerian) \_\_\_\_\_ Resident permit No. \_\_\_\_\_

**State of Origin** \_\_\_\_\_ **LGA** \_\_\_\_\_

Tax Identification Number (TIN)

## **II. CONTACT DETAILS**

**Residential Address**

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

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**City/ Town** \_\_\_\_\_

Landmarks

Phone Number (1) \_\_\_\_\_ Phone Number (2) \_\_\_\_\_

### **III. MEANS OF IDENTIFICATION**

National ID Card     National Driver's License     International Passport     \* Other (please specify) \_\_\_\_\_

ID Issue Date  D D M M Y Y Y Y ID Expiry Date  D D M M Y Y Y Y

\* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed ID's

**IV DETAILS OF NEXT OF KIN**

Surname \_\_\_\_\_

Middle Name \_\_\_\_\_

**First Name** \_\_\_\_\_

**Relationship**  **Mobile Number**

E-mail Address: \_\_\_\_\_

**Contact Details** [REDACTED]

DATA SOURCE: FRED, FEDERAL RESERVE ECONOMIC DATA

**City/Town** \_\_\_\_\_

**V. DETAILS OF NEXT OF KIN**

Surname											
Middle Name											
First Name											
Relationship						Mobile Number					
E-mail Address:											
Contact Details											
Street Number				Street Name							
City/Town											
Nearest Bus Stop											

**9. ADDITIONAL DETAILS:**

I.	Name of affiliated company/Body:	1.										
		2.										
		3.										
II. PRINCIPAL SHAREHOLDERS (Shareholding of 5% and above)												
a.	Surname											
	Middle Name											
	First Name											
	Residential Address:											
	Status						Percentage holding					
	Mobile Number											
	E-mail Address:											
b.	Surname											
	Middle Name											
	First Name											
	Residential Address:											
	Status						Percentage holding					
	Mobile Number											
	E-mail Address:											
c.	Surname											
	Middle Name											
	First Name											
	Residential Address:											
	Status						Percentage holding					
	Mobile Number											
	E-mail Address:											

**III. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE PROPRIETORSHIP**

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED DD/MM/YYYY	STATUS: ACTIVE/DORMANT
1.					
2.					
3.					
4.					

#### **IV. DIRECTOR BANK ACCOUNT DETAILS**

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED <small>DD/MM/YY</small>	STATUS: ACTIVE/DORMANT
1.					
2.					
3.					
4.					

**10. PARTICULARS OF REFEREES**

1

**Surname** \_\_\_\_\_

Middle Name \_\_\_\_\_

First Name \_\_\_\_\_

Name of Bank/Branch \_\_\_\_\_

**Banker's Address:** \_\_\_\_\_

1

2. 

Sommaire

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**II. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE**

..... Bank Plc

Dear Sir,

We hereby authorize you to debit our account with the sum of N..... being the legal cost of search conducted on our account at the Corporate Affairs Commission.

Thank you.

Yours faithfully,

**I2. LETTER OF SET-OFF**

Miss/Mr/Mrs/Chief.....

..... Bank Plc

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with all liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.



**14. TERMS AND CONDITION****15. MANDATE & RESOLUTION****CUSTOMER INFORMATION**

I/We hereby apply for the opening of any account or accounts with.....Bank Plc. I/We understand that the information given herein is the basis for opening such account(s) and hereby warrant that such information is correct.

I/We agree to use the account for only transactions permitted by law and to be bound by the terms and conditions governing the operation of the account(s).

Authorized Signature of the Customer /Representative &amp; Date

Authorized Signature of the Customer /Representative &amp; Date

**16. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON**Name Status Signature ..... Date  D D M H Y Y Y YName Status Signature ..... Date  D D M H Y Y Y Y

Company Seal here

**17. IN THE PRESENCE OF:**Name Address Occupation Signature ..... Date  D D M H Y Y Y Y

**FOR BANK USE ONLY****18. REQUIREMENTS CHECKLIST**

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Copy of certificate of incorporation				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Company)				
6.	(a)Form C07 Particulars of Directors				
7.	(b)Form C02 Allotment of Shares				
8.	Partnership Deed				
9.	Approval Letter ( for Government Agency)				
10.	Gazette( for Government Agency)				
11.	Two(2) passport sized photographs of each signatory to the account with name written on the reverse Side				
12.	Introduction letter with two (2) passport sized photographs of contact persons or authorized agent				
13.	Status report from Banker ( where Applicable)				
14.	Resident Permit ( for non-Nigerians)				
15.	Evidence of Registration with NIPC				
16.	Search Report:				
17.	Power of Attorney				
18.	Letter of indemnity				
19.	Proof of Company address				
20.	Business Premises visitation certificate				
21.	Proof of identity of all Signatories and Directors				
22.	Proof of Address all Signatories and Directors: Utility bill (Certified true copy is acceptable if original is not held)				
	Other (please specify)				

**For Bank Use Only:**

**A. ACCOUNT OPENED BY:**

Name

Date:  D D M H Y Y Y Y

Signature:.....

Name

Date:  D D M H Y Y Y Y

Signature:.....

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

Name

Date:  D D M H Y Y Y Y

Signature:.....

Name

Date:  D D M H Y Y Y Y

Signature:.....

**C. ADDRESS VERIFICATION CARRIED OUT BY:**

Name

Date:  D D M M Y Y Y Y

Signature:.....

Name

Date:  D D M M Y Y Y Y

Signature:.....

**COMMENT(S):**

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**D. ACCOUNT OPENING APPROVED BY:**

Name

Date:  D D M M Y Y Y Y

Signature:.....

Name

Date:  D D M M Y Y Y Y

Signature:.....

**ACCOUNT OPENING FORM - DESIGNATED NON-FINANCIAL INSTITUTIONS (DNFIS)**

Occupation Pension Scheme Account  Charity Account  Religious Organisation  Societies & Clubs Account  Others

Account type (Please indicate the type of account you want to open by ticking in the box below)

Current Account  Fixed Deposit Account  Domiciliary Account

\$	€	¥	£
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following 

BRANCH \_\_\_\_\_

**ACCOUNT No. (for official use only)**

<input type="checkbox"/>							
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**I. ACCOUNT DETAILS (Please complete in BLOCK LETTERS and tick where necessary)**

Name of Organisation: \_\_\_\_\_

\_\_\_\_\_

Certificate of Registration Number: \_\_\_\_\_

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

Date of Registration: \_\_\_\_\_

Registered Address: \_\_\_\_\_

\_\_\_\_\_

Mailing/Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

State (For Public Org.): \_\_\_\_\_ L.G.A(For Public Org.): \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

Website (if any): \_\_\_\_\_

\_\_\_\_\_

Phone Number (1): \_\_\_\_\_ Phone Number (2): \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

**2. ACCOUNT SERVICE(S) REQUIRED (Please tick option below)**

Internet Banking Preferences: Internet Banking  Internet Banking Token (Fee applies)  Mobile Banking  Biometric ATM

Transaction Alert Preferences: Email Alert (Free)  SMS Alert (Fee applies)

Statement Preferences: Email  Post  Frequency: Monthly  Quarterly  Semi Quarterly

Cheque Book Requisition: Opened Cheque  Crossed Cheque  50 Leaves  100 Leaves

**3. CHEQUE CONFIRMATION THRESHOLD**

You will be required to pre confirm any cheque above Nxxx,000.00

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above Nxxx,000.00) \_\_\_\_\_

**4 . PARTICULARS OF KEY CONTACT PERSONS**

1. Surname																
First Name																
Middle Name																
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender:	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name:		
Means Of Identification													ID Number			
Occupation																
Job Title																
Residential Address																
Mobile Number							E-mail:									

2. Surname																
First Name																
Middle Name																
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender:	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name:		
Means Of Identification													ID Number			
Occupation																
Job Title																
Residential Address																
Mobile Number							E-mail:									

3. Surname																
First Name																
Middle Name																
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender:	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name:		
Means Of Identification													ID Number			
Occupation																
Job Title																
Residential Address																
Mobile Number							E-mail:									

4. Surname																
First Name																
Middle Name																
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender:	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name:		
Means Of Identification													ID Number			
Occupation																
Job Title																
Residential Address																
Mobile Number							E-mail:									

**5. ACCOUNT SIGNATORY'S DETAILS**

1. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Class of Signatory \_\_\_\_\_ Signature \_\_\_\_\_ Date 

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

2. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Class of Signatory \_\_\_\_\_ Signature \_\_\_\_\_ Date 

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

3. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Class of Signatory \_\_\_\_\_ Signature \_\_\_\_\_ Date 

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

**6. PARTICULAR OF TRUSTEES/PROMOTERS**

1. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature \_\_\_\_\_ Date 

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

2. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature \_\_\_\_\_ Date 

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

3. Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth 

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

 Gender: M  F  Mother's Maiden Name: \_\_\_\_\_  
Means Of Identification \_\_\_\_\_ ID Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Residential Address \_\_\_\_\_  
  
Mobile Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature \_\_\_\_\_ Date 

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

**7. ADDITIONAL DETAILS:**

I. Name of affiliated company/Body: I.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
II. Sources of Fund to the Account:	<input type="text"/>
	<input type="text"/>
III. Name of Beneficial Owner(s):	<input type="text"/>
	<input type="text"/>

**IV. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE DNFIS**

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED <small>DD/MM/YY</small>	STATUS: ACTIVE/DORMANT
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**V. DETAILS OF ACCOUNT OF TRUSTEES/PROMOTERS**

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED <small>DD/MM/YY</small>	STATUS: ACTIVE/DORMANT
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**6. PARTICULARS OF REFEREES**

I.	 Surname <input type="text"/>  Middle Name <input type="text"/>  First Name <input type="text"/>  Name of Bank/Branch <input type="text"/>  Banker's Address: <input type="text"/>  <input type="text"/>
2.	 Surname <input type="text"/>  Middle Name <input type="text"/>  First Name <input type="text"/>  Name of Bank/Branch <input type="text"/>  Banker's Address: <input type="text"/>  <input type="text"/>

**9. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE****AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE****10. LETTER OF SET-OFF****LETTER OF SET-OFF**

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with all liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

**II. ACCOUNT OPENING MANDATE**a. Type of Account (  Current  Savings  Term  Fixed  Other \_\_\_\_\_ ) \$ € ¥ £

b. Name of Organization .....

c. Account No.      

d. Signatories:

i. Name: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_



Identification Type: \_\_\_\_\_

Identification No: \_\_\_\_\_

Signature &amp; Date \_\_\_\_\_

ii. Name: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_



Identification Type: \_\_\_\_\_

Identification No: \_\_\_\_\_

Signature &amp; Date \_\_\_\_\_

FOR BANK USE ONLY

Name of Officer \_\_\_\_\_

Signature \_\_\_\_\_

FOR BANK USE ONLY

Name of Officer \_\_\_\_\_

Signature \_\_\_\_\_

iii. Name: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_



Identification Type: \_\_\_\_\_

Identification No: \_\_\_\_\_

Signature &amp; Date \_\_\_\_\_

iv. Name: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_



Identification Type: \_\_\_\_\_

Identification No: \_\_\_\_\_

Signature &amp; Date \_\_\_\_\_

FOR BANK USE ONLY

Name of Officer \_\_\_\_\_

Signature \_\_\_\_\_

FOR BANK USE ONLY

Name of Officer \_\_\_\_\_

Signature \_\_\_\_\_

v. Name: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_



Identification Type: \_\_\_\_\_

Identification No: \_\_\_\_\_

Signature &amp; Date \_\_\_\_\_

vi. Name: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_



Identification Type: \_\_\_\_\_

Identification No: \_\_\_\_\_

Signature &amp; Date \_\_\_\_\_

FOR BANK USE ONLY

Name of Officer \_\_\_\_\_

Signature \_\_\_\_\_

FOR BANK USE ONLY

Name of Officer \_\_\_\_\_

Signature \_\_\_\_\_

NOTE: The institution can provide more space if the number of Signatories to the account is more than spaces (6) provided.

**12. TERMS AND CONDITION****13. MANDATE & RESOLUTION****CUSTOMER INFORMATION**

I/We hereby apply for the opening of any account or accounts with.....Bank Plc. I/We understand that the information given herein is the basis for opening such account(s) and hereby warrant that such information is correct.

I/We agree to use the account for only transactions permitted by law and to be bound by the terms and conditions governing the operation of the account(s).

Authorized Signature of the Customer /Representative &amp; Date

Authorized Signature of the Customer /Representative &amp; Date

**14. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON**

Name \_\_\_\_\_

Status \_\_\_\_\_

Signature .....

Date        

Name \_\_\_\_\_

Status \_\_\_\_\_

Signature .....

Date        

Company Seal here

**15. IN THE PRESENCE OF:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Signature .....

Date

## FOR BANK USE ONLY

## 16. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Copy of certificate of Registration				
4.	Board/Executive Council Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Company)				
6.	(a)Form C07 Particulars of Directors/Trustees/Promoters				
7.	Copy Financial				
8.	Two(2) passport sized photographs of each signatory to the account with name written on the reverse Side				
9.	Introduction letter with two (2) passport sized photographs of contact persons or authorized agent				
10.	Status report from Banker ( where Applicable)				
11.	Resident Permit ( for non-Nigerians)				
12.	Evidence of Registration with SCUML				
13.	Search Report				
14.	Power of Attorney				
15.	Letter of indemnity				
16.	Proof of Organisation address				
17.	Registered Address visitation certificate				
18.	Proof of identity of all Signatories and Trustees/Promoters				
19.	Proof of Address all Signatories and Trustees/Promoters: Utility bill (Certified true copy is acceptable if original is not held)				
20.	Other (please specify)				

**17. For Bank Use Only:**

**A. ACCOUNT OPENED BY:**

Name: [REDACTED]

Date: 

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

Signature: .....

Name: [REDACTED]

Date: 

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

Signature: .....

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

Name: [REDACTED]

Date: 

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

Signature: .....

Name: [REDACTED]

Date: 

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

Signature: .....

**C. ADDRESS VERIFICATION CARRIED OUT BY:**

Name: [REDACTED]

Date: 

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

Signature: .....

Name: [REDACTED]

Date: 

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

Signature: .....

**COMMENT(S):**

.....  
.....  
.....  
.....

**D. ACCOUNT OPENING APPROVED BY:**

Name: [REDACTED]

Date: 

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

Signature: .....

Name: [REDACTED]

Date: 

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

Signature: .....