



CENTRAL BANK OF NIGERIA

Financial Policy and Regulation Department
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24th February, 2014

FPR/DIR/GEN/CIR/01/004

CIRCULAR TO ALL BANKS AND OTHER FINANCIAL INSTITUTIONS

UNIFORM ACCOUNT OPENING FORMS AND MINIMUM INFORMATION REQUIREMENTS FOR THREE-TIERED KYC FOR CUSTOMERS OF BANKS AND OTHER FINANCIAL INSTITUTIONS IN NIGERIA

Towards the effort to ensure that depositors in banks and other financial institutions provide necessary background information for effective Know Your Customer (KYC) due diligence, the CBN in collaboration with relevant stakeholders has developed Uniform Account Opening Forms.

The uniformity is to ensure that Customer Due Diligence (CDD) is consistently and uniformly practiced in account opening process for prospective customers of financial institutions.

Individual prospective customers are required to complete account opening FORM A(1), FORM A(2) and FORM A for accounts in Tier I, II and III respectively, while legal entities are to complete FORM B.

Whereas prospective customers are required to provide the relevant information applicable to them as prescribed above, existing customers are to regularly update their records in line with the formats.

A handwritten signature in black ink, appearing to read "Amugo".

KEVIN N. AMUGO
DIRECTOR, FINANCIAL POLICY AND REGULATION DEPARTMENT

Relationship

Mobile Number 1

Mobile Number 2

E-mail Address

Contact Details

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

TERMS AND CONDITIONS:

1. The operations of the account is limited to a maximum single deposit amount of N20,000 and maximum cumulative balance of N200,000 at any point in time.
2. Mobile banking is limited to a maximum transaction limit of N3,000 and daily limit of N30,000.
3. International funds transfer is prohibited.
4. You will be required to provide further documents at any point in time when transacting above the regulated threshold.
5. This account is strictly savings.

DECLARATION:

FOR BANK USE ONLY

Account Opened by:

Name: Signature: Date:

Confirm Opened by:

Name: Signature: Date:

ACCOUNT OPENING FORM-INDIVIDUAL

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (see).

ACCOUNT No. (for official use only)

BRANCH _____

--	--	--	--

BIOMETRIC ID NO: _____

Affix
Passport
Photograph
here

1. PERSONAL INFORMATION

Title	Surname									
First Name	Other Name									
Marital Status (Please tick as appropriate) Single <input type="checkbox"/> Married <input type="checkbox"/> Others (please specify) _____		Gender F <input type="checkbox"/> M <input type="checkbox"/>								
Place of Birth _____		Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Mother's Maiden Name _____										
L.G.A	State of Origin _____									
Tax Identification Number (TIN) (If available) _____		Religion (Optional) _____								

2. CONTACT DETAILS

Residential Address		
Street Number	Street Name	
Nearest Bus Stop/Landmark _____		
City/Town	Local Govt. Area _____	
State _____		
Mailing Address _____		
Phone Number (1)	Phone Number (2) _____	
E-mail Address (Optional) _____		

3. MEANS OF IDENTIFICATION

Please Specify _____																		
ID No.	ID Issue Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	ID Expiry Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											

4. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: Verve Card Master Card Visa Card Others (Specify) _____

Electronic Banking Preferences: Internet Banking Mobile Banking ATM/POS Other Electronic Channels (Fees may apply) Specify _____

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

5. EMPLOYMENT DETAILS (OPTIONAL)

Employment Status: Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____								
Date of Employment (If employed) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	
Business/Employer's Name _____								
Business / Occupation _____								

6. DETAILS OF NEXT OF KIN

Surname	Other Name(s)								
First Name	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>N</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	N	M	Y	Y	Y	Y
D	D	N	M	Y	Y	Y	Y		
Date of Birth	Gender F <input type="checkbox"/> M <input type="checkbox"/> Title (Specify) _____								

Relationship

Mobile Number 1

Mobile Number 2

E-mail Address

Contact Details

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

TERMS AND CONDITIONS:

1. The operations of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative balance of N400,000 at any point in time.
2. Mobile banking is limited to a maximum transaction limit of N10,000 and daily limit of N100,000.
3. You will be required to provide further documents at any point in time when transacting above the regulated threshold.
4. International funds transfer is prohibited.
5. This account is strictly savings.

DECLARATION:

FOR BANK USE ONLY

Account Opened by:

Name:..... Signature:..... Date:.....

Confirm Opened by:

Name:..... Signature:..... Date:.....

ACCOUNT OPENING FORM-INDIVIDUAL

Category of Account: (Tick as appropriate)

Joint Account Fixed Investment Account Other Types of Account

Account Type: (Tick as appropriate)

Current Account Fixed Deposit Account Savings Account Domiciliary Account

S	E	V	L	Others

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following **EXAMPLE**:

BRANCH

ACCOUNT No. (for official use only)

BIOMETRIC ID NO:

Affix
Passport
Photograph
here


I. PERSONAL INFORMATIONTitle Surname First Name Other Name Marital Status (Please tick as appropriate) Single Married Others (please specify) Gender F M

D	D	M	M	T	Y	Y	Y

Place of Birth Date of Birth Mother's Maiden Name Nationality (for non Nigerian) Resident permit No Permit Issue Date Permit Expiry Date L.G.A State of Origin Tax Identification Number (TIN) Religion (Optional) Purpose of Account **2. CONTACT DETAILS**Residential Address Street Number Street Name Nearest Bus Stop/Landmark City/Town Local Govt. Area State Mailing Address Phone Number (1) Phone Number (2) E-mail Address **3. VALID MEANS OF IDENTIFICATION**National ID Card National Driver's License International Passport INEC Voters Card * Others (please specify) ID No. ID Issue Date ID Expiry Date

* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed IDs.

4. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)Card Preferences: Verve Card Master Card Visa Card Others (Specify) Electronic Banking Preferences: Internet Banking Mobile Banking ATM/POS Other Electronic Channels (Fees may apply) Specify Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies) Statement Preferences: Email Post Collection at Branch Statement Frequency: Monthly Quarterly Semi-Annually Annually Cheque Book Requisition: (Fees applies) Opened Cheque Crossed Cheque 25 Leaves 50 Leaves 100 Leaves Cheque Confirmation: Will you like to pre-confirm your cheques? Yes No Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

5. EMPLOYMENT DETAILSEmployed Self Employed Unemployed Retired Student Others (Please specify) Date of Employment (if employed)

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

Annual Salary/Expected Annual IncomeAnnual Salary: (a) Less than N50,000 (b) N51,000- N250,000 (c) N251,000 - N500,000 (d) N501,000- Less than N1million
(e) N1 million - Less than N5million (f) N5million - Less than N10million (g) N10million - Less than N20million (h) Above N20million Employer's Name

Employer's /Employment Address:

House Number Street Name Nearest Bus Stop/Landmark City/ Town Local Govt. Area State Nature of Business/
Occupation Office Phone Number Fax Number **6. DETAILS OF NEXT OF KIN**Surname Other Name(s) First Name Date of Birth

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

 Gender F M Title (Specify) Relationship Mobile Number 1 Mobile Number 2 E-mail Address **Contact Details**House Number Street Name Nearest Bus Stop/Landmark City/Town Local Govt. Area State **7. ADDITIONAL DETAILS**I Name of Beneficial Owner(s) (if any) II Spouse's Name(if applicable) III Spouse Date of Birth

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

 Spouse Occupation IV Sources of Fund to the Account 1 2 Expected Annual Income from Other Sources V Name Of Associated Business(es) (if any) 1. 2. 3. VI Type of Business VII Business Address

ACCOUNT HELD WITH OTHER BANKS:

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

9. TERMS AND CONDITIONS

- Each Financial Institution is to develop its own Terms and Conditions
- The conditions should include a pledge/stringent conditions for Current Account Customers on issuance of dud cheque

10. ACCOUNT MANDATE
(Please tick as appropriate)
a. Category of Account:

 Joint Account Fixed Investment Account Other Types of Account
Account Type:

 Current Account Fixed Deposit Account Savings Account Dormitory Account

\$	€	¥	£	Others

b. Account Name

c. Account No. (for official use only)

d. Mandate authorisation/Combination rule (Please tick as appropriate): Sole Signatory Either to Sign Both to Sign
e. Signatories:
i. Name:

Surname _____

First Name _____

Other Name _____

Class of Signatory _____

Identification Type: _____

Identification No: _____

Telephone Number: _____

Signature & Date: _____

PHOTO
FOR BANK USE ONLY

Name _____

Signature _____

FOR BANK USE ONLY

Name _____

Signature _____

11. DECLARATION:

I/We hereby apply for the opening of account(s) with Bank Plc. I/We 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 further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

1. Name..... Signature..... Date.....

2. Name..... Signature..... Date.....

12. JURAT (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an Interpreter

**MARK OF CUSTOMER/
THUMBPRINT**
**MAGISTRATE /
COMMISSIONER FOR OATHS**
DATE:

NAME OF INTERPRETER:

ADDRESS OF INTERPRETER:

TEL: NO.

LANGUAGE OF INTERPRETATION:

FOR BANK USE ONLY

I. REQUIREMENT CHECKLIST

Savings Account

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

Fixed/Current/Domiciliary/Fixed Investment/Other Types of Account

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

2 AUTHENTICATION FOR FINANCIAL INCLUSION

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

ii. If answer to the (i)above is yes, state other documents obtained in line with the bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77(4) of AML/CFT Regulation,2013

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

iii. Does the Customer enjoy tiered KYC requirements? YES NO

iv. If answer to question (iii) above is yes, identify the customer risk category:

Low Risk Medium Risk High Risk

3 AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person? YES NO

For Bank Use Only:

A ACCOUNT OPENED BY:

Name _____

Name _____

[View all posts by admin](#) | [View all posts in category](#)

Date:

□	□	M	M	Y	Y	Y	Y

Signature:.....

Page 1 of 1

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

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

Signature:

Name Date:

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

Signature:

C. ADDRESS VERIFICATION CARRIED OUT BY:Name Date:

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

Signature:

Name Date:

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

Signature:

COMMENT(S)(Address description and result finding):
.....
.....**D. ACCOUNT OPENING AUTHORIZED/ APPROVED BY:**Name Date:

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

Signature:

Name Date:

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

Signature:

5. ACCOUNT SIGNATORY'S DETAILS

1. Surname	[REDACTED]	Other Name	[REDACTED]
First Name	[REDACTED]	Mother's Maiden Name	[REDACTED]
Date of Birth	D D M M Y Y Y Y	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Nationality (for non-Nigerians)	[REDACTED]	ID Number	[REDACTED]
Means Of Identification	[REDACTED]	ID Issue Date	D D M M Y Y Y Y
ID Expiry Date	D D M M Y Y Y Y	Biometric ID No:	[REDACTED]
Occupation	[REDACTED]	Status/Job Title	[REDACTED]
Position/Office of the Officer	[REDACTED]	Residential Address	[REDACTED]
House Number	[REDACTED]	Street Name	[REDACTED]
Nearest Bus Stop/Landmark	[REDACTED]	City/ Town	[REDACTED]
State	[REDACTED]	Local Govt. Area	[REDACTED]
Phone Number (1)	[REDACTED]	Phone Number (2)	[REDACTED]
E-mail Address	[REDACTED]	Class of Signatory (Please indicate class in the box provided)	[REDACTED]
		Signature	[REDACTED] Date [REDACTED]

2. Surname	[REDACTED]	Other Name	[REDACTED]
First Name	[REDACTED]	Mother's Maiden Name	[REDACTED]
Date of Birth	D D M M Y Y Y Y	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Nationality (for non-Nigerians)	[REDACTED]	ID Number	[REDACTED]
Means Of Identification	[REDACTED]	ID Issue Date	D D M M Y Y Y Y
ID Expiry Date	D D M M Y Y Y Y	Biometric ID No:	[REDACTED]
Occupation	[REDACTED]	Status/Job Title	[REDACTED]
Position/Office of the Officer	[REDACTED]	Residential Address	[REDACTED]
House Number	[REDACTED]	Street Name	[REDACTED]
Nearest Bus Stop/Landmark	[REDACTED]	City/ Town	[REDACTED]
State	[REDACTED]	Local Govt. Area	[REDACTED]
Phone Number (1)	[REDACTED]	Phone Number (2)	[REDACTED]
E-mail Address	[REDACTED]	Class of Signatory (Please indicate class in the box provided)	[REDACTED]
		Signature	[REDACTED] Date [REDACTED]

3 Surname: _____ Other Name: _____

First Name: _____ Mother's Maiden Name: _____

Date of Birth:

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

 Gender: M F

Nationality (for non-Nigerians): _____

Means Of Identification: _____ ID Number: _____

ID Issue Date:

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

 ID Expiry Date:

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

Biometric ID No: _____

Occupation: _____ Status/Job Title: _____

Position/Office of the Officer: _____

Residential Address: _____

House Number: _____ Street Name: _____

Nearest Bus Stop/Landmark: _____

City/ Town: _____ Local Govt. Area: _____

State: _____

Phone Number (1): _____ Phone Number (2): _____

E-mail Address: _____

Class of Signatory:
(Please indicate class in the box provided)

Signature: _____ Date: _____

6 A. DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

I. Surname: _____ Other Name: _____

First Name: _____ Mother's Maiden Name: _____

Date of Birth:

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

 Gender: M F

Means of identification: _____ ID Number: _____

ID Issue Date:

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

 ID Expiry Date:

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

Biometric ID No: _____

Occupation: _____

Status/Job Title: _____

Residential Address: _____

House Number: _____ Street Name: _____

Nearest Bus Stop/Landmark: _____

City/ Town: _____

Local Govt. Area: _____

State: _____

Phone Number (1): _____ Phone Number (2): _____

E-mail Address: _____

2. Surname: [REDACTED] Other Name: [REDACTED]
First Name: [REDACTED] Mother's Maiden Name: [REDACTED]
Date of Birth: [REDACTED] Gender: M [] F []
Means of Identification: [REDACTED] ID Number: [REDACTED]
ID Issue Date: [REDACTED] ID Expiry Date: [REDACTED]
Biometric ID No.: [REDACTED]
Occupation: [REDACTED]
Status/Job Title: [REDACTED]
Residential Address: [REDACTED]
House Number: [REDACTED] Street Name: [REDACTED]
Nearest Bus Stop/Landmark: [REDACTED]
City/ Town: [REDACTED]
Local Govt. Area: [REDACTED]
State: [REDACTED]
Phone Number (1): [REDACTED] Phone Number (2): [REDACTED]
E-mail Address: [REDACTED]

3. Surname: [REDACTED] Other Name: [REDACTED]
First Name: [REDACTED] Mother's Maiden Name: [REDACTED]
Date of Birth: [REDACTED] Gender: M [] F []
Means of Identification: [REDACTED] ID Number: [REDACTED]
ID Issue Date: [REDACTED] ID Expiry Date: [REDACTED]
Biometric ID No.: [REDACTED]
Occupation: [REDACTED]
Status/Job Title: [REDACTED]
Residential Address: [REDACTED]
House Number: [REDACTED] Street Name: [REDACTED]
Nearest Bus Stop/Landmark: [REDACTED]
City/ Town: [REDACTED]
Local Govt. Area: [REDACTED]
State: [REDACTED]
Phone Number (1): [REDACTED] Phone Number (2): [REDACTED]
E-mail Address: [REDACTED]

6 B. DETAILS OF A SOLE PROPRIETOR**I. PERSONAL INFORMATION**

Title	Surname			
First Name	Other Name			
Marital Status (Please tick) Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Others (please specify)
Date of Birth	D <input type="text"/>	M <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>
Place of Birth				
Mother's Maiden Name				
Nationality (for non Nigerian)				
Resident permit No.				
Permit Issue Date	D <input type="text"/>	M <input type="text"/>	T <input type="text"/>	Y <input type="text"/>
Permit Expiry Date	D <input type="text"/>	M <input type="text"/>	T <input type="text"/>	Y <input type="text"/>
L.G.A	State of Origin			
Tax Identification Number (TIN)				

II. CONTACT DETAILS

Business/Residential Address				
House Number	Street Name			
Nearest Bus Stop/Landmark				
City/ Town			Local Govt. Area	
State				
Phone Number (1)		Phone Number (2)		
E-mail Address				

III. MEANS OF IDENTIFICATION

National ID Card	<input type="checkbox"/>	National Driver's License	<input type="checkbox"/>	International Passport	<input type="checkbox"/>	Valid INEC Voters Card	<input type="checkbox"/>	* Others (please specify)	<input type="checkbox"/>					
ID No	ID Issue Date				D <input type="text"/>	M <input type="text"/>	T <input type="text"/>	Y <input type="text"/>	ID Expiry Date	D <input type="text"/>	M <input type="text"/>	T <input type="text"/>	Y <input type="text"/>	
Biometric ID No:														

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

IV. DETAILS OF NEXT OF KIN

Surname	Other Name			
First Name	Gender F <input type="checkbox"/> M <input type="checkbox"/> Title (Specify) <input type="checkbox"/>			
Date of Birth	D <input type="text"/>	M <input type="text"/>	T <input type="text"/>	Y <input type="text"/>
Relationship				
Mobile Number 1	Mobile Number 2			
E-mail Address				

Contact Details

House Number	Street Name			
Nearest Bus Stop/Landmark				
City/Town			Local Govt. Area	
State				

7. ADDITIONAL DETAILS:

1. Name of affiliated company/Body: 1.
 2.
 3.
2. Parent Company's Country of incorporation

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	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				
4.				

8. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

..... Bank Plc

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or relevant agency/authority.

Thank you.

Yours faithfully,

Authorized Signature of the Customer /Representative & Date

Authorized Signature of the Customer /Representative & Date

9. LETTER OF INDEMNITY

Financial Institutions are permitted to insert their terms to reflect unique business operations

10. ACCOUNT OPENING MANDATE**a. Category of Account: (Please tick as appropriate)**Joint Account Fixed Investment Account Other Types of Account **Account Type:**Current Account Fixed Deposit Account Savings Account Domiciliary Account

\$	€	¥	£	Others

b. Account Name

c. Account No.

d. Mandate authorisation/Combination rule (Please tick as appropriate):Sole Signatory Two or more if two or more are to Sign, please specify**e. Signatories:**

1. Name:

Surname

First Name

Other Name

Class of Signatory

Identification Type

Identification No.

Telephone Number

Signature & Date

PHOTO

FOR BANK USE ONLY

Name

Signature

FOR BANK USE ONLY

Name

Signature

ii. Name:
Surname _____
First Name _____
Other Name _____
Class of Signatory _____
Identification Type: _____
Identification No: _____
Telephone Number _____
Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name _____

Signature _____

FOR BANK USE ONLY

Name _____

Signature _____

iii. Name:
Surname _____
First Name _____
Other Name _____
Class of Signatory _____
Identification Type: _____
Identification No: _____
Telephone Number _____
Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name _____

Signature _____

FOR BANK USE ONLY

Name _____

Signature _____

NOTE: Financial Institutions can provide more space if the number of Signatories is more than spaces provided.

II. TERMS AND CONDITION

Financial Institutions are permitted to insert their terms to reflect unique business operations

12. DECLARATION

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 further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

"In Witness whereof, the common seal of.....(Name of Company) is hereby affixed this.....day of.....20.....
In the presence of :

Director (Name and Signature)

Director/Secretary (Name and Signature)

13. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON

Name _____

Status _____

Signature Date:

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

Name _____

Status _____

Signature Date:

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

Company Seal here

14. IN THE PRESENCE OF:

Name: _____

Address _____

Figure 1. A schematic diagram of the experimental setup. The top part shows a 100 cm long horizontal glass tube with a central vertical axis. The bottom part shows a 100 cm long horizontal glass tube with a central vertical axis.

Occupation: _____

Signature

Date	D D	M M	T T	T Y	T Y	T Y

FOR BANK USE ONLY

I. 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 CAC Certificate of Registration				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Companies)				
6.	(a)Form C07 Particulars of Directors (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies) (b)Form C02 Allotment of Shares (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
7.	Partnership Deed (where applicable)				
8.	Approval Letter (for Government Agency)				
9.	Act/Gazette(for Government Agency) (where applicable)				
10.	Two(2) passport sized photographs of each signatory to the account with name written on the reverse Side				
11.	Introduction letter (where applicable)				
12.	Status report from Banker (where applicable)				
13.	Resident Permit (for non-Nigerians)				
14.	Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable)				
15.	Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable)				
16.	Search Report				
17.	Power of Attorney (where applicable)				
18.	Letter of indemnity				
19.	Proof of Company address				
20.	Business Premises visitation certificate				
21.	Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (Preferred Identity card are Int'l Passport, National Identity Card, National Driver's Licence, and Valid Nigerian INEC Voter's card)				
22.	Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document Utility bill (Certified true copy is acceptable if original is not held)				
23.	Two Completed satisfactorily reference forms.				
24.	Copy of the audited Financial statements				
25.	Others (please specify)				

A. ACCOUNT OPENED BY:Name Signature: Date:

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

Name Signature: Date:

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

B. DEFERRAL/WAIVER OF DOCUMENT(IF ANY) AUTHORISED BY:Name Signature: Date:

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

Name Signature: Date:

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

C. ADDRESS VERIFICATION CARRIED OUT BY:Name Signature: Date:

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

Name Signature: Date:

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

COMMENT(S): (Address description and Result Findings)

D. ACCOUNT OPENING AUTHORISED/ APPROVED BY:Name Signature: Date:

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

Name Signature: Date:

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