



## CENTRAL BANK OF NIGERIA

Financial Policy & Regulation Department  
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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	O	M	H	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**

Title	<input type="text"/>	Surname	<input type="text"/>																	
First Name	<input type="text"/>																			
Middle Name	<input type="text"/>																			
Marital Status (Please tick) Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Other (please specify)	<input type="text"/>		Gender	F	<input type="checkbox"/>	M	<input type="checkbox"/>									
Date of Birth <table border="0"><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	<input type="text"/>																			
Nationality (for non Nigerian)	<input type="text"/>						Resident permit No.	<input type="text"/>												
State of Origin		<input type="text"/>						LGA	<input type="text"/>											
Tax Identification Number (TIN) <input type="text"/>																				

**7b. CONTACT DETAILS:**

Residential Address														
Street Number	<input type="text"/>				Street Name	<input type="text"/>								
<input type="text"/>														
City/ Town	<input type="text"/>													
Nearest Bus Stop	<input type="text"/>													
Phone Number (1)	<input type="text"/>				Phone Number (2)	<input type="text"/>								
E-mail Address	<input type="text"/>													

**7c. MEANS OF IDENTIFICATION**

National ID Card	<input type="checkbox"/>	National Driver's License	<input type="checkbox"/>	International Passport	<input type="checkbox"/>	* Other (please specify)	<input type="text"/>																		
ID No.	<input type="text"/>			ID Issue Date	<table border="0"><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="0"><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																		

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

**7d. EMPLOYMENT DETAILS:**

Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>	Other (Please specify)	<input type="text"/>										
Date of Employment (if employed)	<table border="0"><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														
Employer's Name	<input type="text"/>																				
Employer's /Employment Address	<input type="text"/>																				
Street Number	<input type="text"/>				Street Name	<input type="text"/>															
<input type="text"/>																					
City/ Town	<input type="text"/>																				
Landmarks	<input type="text"/>																				
Nature of Business/ Occupation	<input type="text"/>																				
<input type="text"/>																					
Office Phone Number	<input type="text"/>						Fax Number	<input type="text"/>													

**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	T	T	T	Y
II Name of Beneficial Owner(s):														
III Spouse's Name:														
IV Spouse Date of Birth:	D	D	H	M	T	T	T	T						
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)

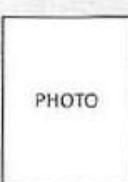
 Current     Savings     Joint     Domiciliary

b. Name of Organization .....

c. Account No.       

d. Signatories:

i. Name: Surname First Name Middle Name



Identification Type:

Identification No.:

Signature &amp; Date

ii. Name: Surname First Name Middle Name



Identification Type:

Identification No.:

Signature &amp; Date

FOR BANK USE ONLY

Name of Officer

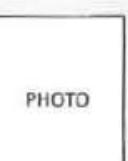
Signature

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. 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.

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\_\_\_\_\_  
Signature

D	D	H	H	T	T	T	T
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ACCOUNT No. (for official use only)

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**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  **Politically Exposed Person**  **High Risk Client**  **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:

Signature:.....

Name:

Date:

Signature:.....

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

Name:

Date:

Signature:.....

Name:

Date:

Signature:.....

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

Name:

Date:

Signature:.....

Name:

Date:

Signature:.....

**COMMENT(S):**

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

**D. ACCOUNT OPENING APPROVED BY:**

Name:

Date:

Signature:.....

Name:

Date:

Signature:.....



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

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

**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	H	Y	Y	T	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	H	Y	Y	T	Y
---	---	---	---	---	---	---	---

**7. DIRECTOR'S DETAILS**

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

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

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

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

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

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

**8. FOR SOLE PROPRIETORSHIP****I. PERSONAL INFORMATION**

Title	<input type="text"/>	Surname	<input type="text"/>												
First Name	<input type="text"/>														
Middle Name	<input type="text"/>														
Nick Name	<input type="text"/>					Gender	F	<input type="checkbox"/>	M	<input type="checkbox"/>					
Marital Status (Please tick)	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Other (please specify)	<input type="text"/>		Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Maiden Name	<input type="text"/>														
Nationality (for non Nigerian)	<input type="text"/>					Resident permit No.	<input type="text"/>								
State of Origin	<input type="text"/>					LGA	<input type="text"/>								
Tax Identification Number (TIN)	<input type="text"/>														

**II. CONTACT DETAILS**

Residential Address													
Street Number	<input type="text"/>	Street Name	<input type="text"/>										
<input type="text"/>													
City/ Town	<input type="text"/>												
Landmarks	<input type="text"/>												
Phone Number (1)	<input type="text"/>				Phone Number (2)	<input type="text"/>							
E-mail Address	<input type="text"/>												

**III. MEANS OF IDENTIFICATION**

National ID Card	<input type="checkbox"/>	National Driver's License	<input type="checkbox"/>	International Passport	<input type="checkbox"/>	* Other (please specify)	<input type="text"/>															
ID No.	<input type="text"/>		ID Issue Date	<input type="text"/>	D	O	M	M	Y	Y	Y	Y	ID Expiry Date	<input type="text"/>	D	D	H	H	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	<input type="text"/>											
Middle Name	<input type="text"/>											
First Name	<input type="text"/>											
Relationship	<input type="text"/>					Mobile Number	<input type="text"/>					
E-mail Address:	<input type="text"/>											
Contact Details												
Street Number	<input type="text"/>	Street Name	<input type="text"/>									
<input type="text"/>												
City/Town	<input type="text"/>											
Landmarks	<input type="text"/>											

**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 <small>DD/MM/YYYY</small>	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/YYYY</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:

2.

Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address:

**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,

**12. 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.

**13. ACCOUNT OPENING MANDATE**

S E X T

a. Type of Account {

b. Name of Organization .....

c. Account No. [ ]

d. Signatories:

i. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature &amp; Date

PHOTO

ii. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature &amp; Date

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 &amp; Date

PHOTO

iv. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature &amp; 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 &amp; Date

PHOTO

vi. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature &amp; 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.

**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          Name Status Signature ..... Date         

Company Seal here

**17. IN THE PRESENCE OF:**Name Address Occupation Signature ..... Date

**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: [REDACTED]

Date:  D  D  M  M  Y  Y  Y  Y

Signature: .....

Name: [REDACTED]

Date:  D  D  M  M  Y  Y  Y  Y

Signature: .....

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

Name: [REDACTED]

Date:  D  D  M  M  Y  Y  Y  Y

Signature: .....

Name: [REDACTED]

Date:  D  D  M  M  Y  Y  Y  Y

Signature: .....

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

Name: [REDACTED]

Date:  D  D  M  M  Y  Y  Y  Y

Signature: .....

Name: [REDACTED]

Date:  D  D  M  M  Y  Y  Y  Y

Signature: .....

**COMMENT(S):**

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

**D. ACCOUNT OPENING APPROVED BY:**

Name: [REDACTED]

Date:  D  D  M  M  Y  Y  Y  Y

Signature: .....

Name: [REDACTED]

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

<b>S</b>	<b>€</b>	<b>¥</b>	<b>£</b>

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)** \_\_\_\_\_

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

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

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

Date of Registration: 

D	S	M	H	T	T	T	T

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	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	H	Y	Y	Y	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	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	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	Y	Y	Y
---	---	---	---	---	---	---	---

**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. [Redacted]  
2. [Redacted]  
3. [Redacted]

II. Sources of Fund to the Account: [Redacted]  
[Redacted]

III. Name of Beneficial Owner(s): [Redacted]  
[Redacted]

**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/YYYY</small>	STATUS: ACTIVE/DORMANT
1.	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
2.	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
3.	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
4.	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

**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/YYYY</small>	STATUS: ACTIVE/DORMANT
1.	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
2.	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
3.	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
4.	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

**8. PARTICULARS OF REFEREES**

1.  
 Surname [Redacted]  
 Middle Name [Redacted]  
 First Name [Redacted]  
 Name of Bank/Branch [Redacted]  
 Banker's Address: [Redacted]  
 [Redacted]

2.  
 Surname [Redacted]  
 Middle Name [Redacted]  
 First Name [Redacted]  
 Name of Bank/Branch [Redacted]  
 Banker's Address: [Redacted]  
 [Redacted]

**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 (             )b. Name of Organization ..... c. Account No.        

d. Signatories:

i. Name: Surname  First Name  Middle Name Identification Type: Identification No: Signature & Date: PHOTO ii. 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 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. 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 

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

Name \_\_\_\_\_

Status \_\_\_\_\_

Signature \_\_\_\_\_

Date 

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

Company Seal here

**15. IN THE PRESENCE OF:**

Name \_\_\_\_\_

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

Occupation \_\_\_\_\_

Signature \_\_\_\_\_

Date 

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

## 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	D	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	Y	Y	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	H	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature: .....