

CENTRAL BANK OF NIGERIA

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

09-46237404

Tel: E-mail: fprd@cbn.gov.ng

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.

KEVIN N. AMUGO

DIRECTOR, FINANCIAL POLICY AND REGULATION DEPARTMENT

ACCOUNT OPENING FORM-IND This form should be completed in CAPITAL LETTERS, Characters and marks should be similar BRANCH		Affix Passport Photograph
The second secon		here
BIOMETRIC ID NO:		
I. PERSONAL INFORMATION		
Ticlo Surname		
First Name	Other Name	Тщц
Maritul Status (Please tick as appropriate) Single Married Oth	hers (please apendy) Gen	
Place of Birth	Date of Birth	P
Mother's Maiden Name		
Tax Identification Number (TIN)		
(if available)		141 - 172 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 -
LGA	State of Origin	
2. CONTACT DETAILS		
Residential Address		
Street Number Street Name		
Nearest Bus Stop/Landmark		
Cley/Tawn	Local Govt. Area	
State State		
Mailing Address		
Phone Number (1)	Phone Number (2)	
E-mail Address (Optional)		
3. ACCOUNT SERVICE(S) REQUIRED (Please tick a	anglicable option below)	
Card Preferences: Verve Card Master Card Visa Card Electronic Banking Preferences: Internet Banking Mobile Banking	ard Others (Specify)	iply) Specify
	П. П. П.	VIII III
Employment Statua: Employed Self Employed Unemplo		**
Date of Employment (if employed)		
Business/Employer's Name Employer's /Employment Address		
State		
Business / Occupation		
5. DETAILS OF NEXT OF KIN	CONTRACTOR OF THE PARTY OF THE	
Surname	Other Name(s)	
First Name		
Date of Birth Gender	E M Title (Specify)	

Mobile Number 1														M	oblle	Nun	nber	2										
E-mail Address	十	H	+	〒	$\overline{}$	寸	+	÷	÷		1	T	-	7	T	200	1			-					27.7		-	
Contact Details		Н	-	ш	1		_	-	- 10	Ш		50			-													
House Number			I	П			Stree	et N	ame		1			I	I										I	1	I	
Nearest Bus Stop/	Landm	ark												L														
City/Town		T				T	T	T		Loc	al Go	ovt.	Area		T	Г								Ī	T	T	T	
State	H	T	T	T	Ť	T	T	Ť	T			T		-	-	T					П	Т		T	Tr.		1	
	1-1	-	4	-	_		_	-	-	-12		-	-1															
TERMS AN						1200	12000		221/25		West	es qu	- STUS							en sie.	e Titoli	vaane	AVOVA.	cusa		AT 2000AT	4000	
	perati 1,000 a					limit	ed to	раг	naxin	num s	single	e de	eposit	t amo	ount	of N	120,0	000	and	max	imu	me	umul	ativ	e bal	ance	of	
	le bani	134						ans	action	n limit	of t	N3,	000 a	nd d	ally li	imit	of N	30,	000									
3. Intern	nationa	d fund	s tran	sfer i	s pro	phibit	ed.																					
4. You v	viii be	requir	ed to	prov	ide f	urth	er do	curr	nents	at an	у ро	int	in tim	ne wi	nen t	rans	acti	g al	bov	e the	reg	ulat	ed th	rresi	hold			
S. This a	sccoun	t is st	rictly :	saving	Çī.																							
10 M	S				AVG.			100		900	-8		-		1													
										7		ij.	=			=	Ŧ	П										
DECLARAT	ION:																											
DECLARAT	ION:																											
DECLARAT	ION:															1		Ų						W-				
DECLARAT	ION:																							V				
FOR BANK	USE		ß:																	71								
	USE																			// J					N-PART N			
FOR BANK	USE oned by	y:								Sign	natur	ne:				*******					Da	ste				******	11307	
FOR BANK	USE oned by	y:								Sign	natur	·e									Da	ste				*******	11327	
FOR BANK	USE o	y:				********				Sign	natur	re			19-71						Da	ite				*****	******	
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope	USE med b	y:								Sign																		
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.				*******																						
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										
FOR BANK Account Ope Name:	USE med b	y: y.																										

ACCOUNT OPENING FORM This form should be completed in CAPITAL LETTERS. Characters and marks I BRANCH BIOMETRIC ID NO:		CERRY grawolick educ	o. (for official use	only)	Affix Passport Photograph here
I. PERSONAL INFORMATION			WINDLESS OF		
Title 1	Surnamo				
First Namo		Other Name			
Marital Status (Please tick as appropriate) Single Married	Others (pleas	e specify)	ПП	Gender	F M
Place of Birth			Date o	f Birth	HARACH NAME OF THE PARTY OF THE
Mother's Maiden Name				OIL 2 S	
L.G.A		State of Origin			
		Jane or Origin [Religion [
Tax Identification Number (TIN) (If available)			(Optional)		
2. CONTACT DETAILS Residential Address:					
	t Name				THIN
Nearest Bus Stop/Landmark					
City/Town	Locas	Govt. Area	1111		
State					
Mailing Address					
Phone: Number (1)	Pho	ne Number (2)			
E-mail Address (Optional)					
3. MEANS OF IDENTIFICATION			The state of		S - 1 1 1
Please Specify	0.0				
ID No. ID Issue			ID Explo		
4. ACCOUNT SERVICE(S) REQUIRED (Pleat	se tick applicab	le option belo	w)		NAME OF THE OWNER, OWNER, OWNER, OWNER,
Card Preferences: Verve Card Master Card	Visa Card 🔲 0	Others (Specify)	TITT		
Electronic Banking Preferences: Internet Banking Me	obile Banking 🔲 A	TM/POS Other	Bectronic Channels	(Fees may apply) Spec	ify TTTTT
Transaction Alert Preferences: Email Alert (Free)	SMS Alert (Fee	applies)			
5. EMPLOYMENT DETAILS (OPTIONAL)	HAND IN	No.			
Employment Status:Employed Self Employed	Unemployed	Ratired Stu	dent Others	(Please specify)	
Date of Employment (if employed)					
Business/Employer's Name			HIT		TIIII
Business / Occupation					
6. DETAILS OF NEXT OF KIN					
Surname		Other Name(s)			
First Name		W/V/-			
Date of Birth	Gender F	, M Tie	le (Specify)		
	SECTION OF STREET	1000			

Mobile Number 1 E-mail Address Contact Details House Number Street Name Nearest Bus StoyLandmark City/Tom 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 N400,000 at any point in time, 2. Mobile banking is limited to a maximum sransaction 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 threshed. 5. This account is strictly savings. DECLARATION: FOR BANK USE ONLY Account Opened by: Name: Signature: Date: Confirm Opened by: Name: Signature. Date:	reshold.	
Institute Details Institute Detail Stop/Landmark Institute Detail Govt. Area In The operations of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative N400,000 at any point in time. In Mobile banking is limited to a maximum transaction limit of N10,000 and daily limit of N100,000. You will be required to provide further documents at any point in time when transacting above the regulated threshed. International funds transfer is prohibited. This account is strictly savings. DECLARATION: FOR BANK USE ONLY Account Opened by: Name: Signature: Date:	reshold.	
ontact Details puse Number Street Name Street Name Street Sus Stop/Landmark by/Town Local Govt. Area Local Govt. Area TERMS AND CONDITIONS: I. The operations of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative N400,000 at any point in time. Mobile banking is limited to a maximum transaction limit of N10,000 and daily limit of N100,000. You will be required to provide further documents at any point in time when transacting above the regulated threshed. International funds transfer is prohibited. This account is strictly savings. DECLARATION: Signature: Date: Confirm Opened by: Name: Signature: Date: Date	reshold.	
Street Name Street Name Street Name Street Sta Stop/Landmark Street Sta Stop/Landmark Street Sta Stop/Landmark Local Govt. Area N400,000 and maximum cumulative N400,000 and daily limit of N100,000. You will be required to provide further documents at any point in time when transacting above the regulated threshold. International funds transfer is prohibited. This account is strictly savings. DECLARATION: COR BANK USE ONLY Account Opened by: Signature: Signature: Date: Confirm Opened by: Signature: Date: Da	reshold.	
Serest Bus Stop/Landmark totate Local Govt. Area Local Govt. Ar	reshold.	
TERMS AND CONDITIONS: The operations of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative N400,000 at any point in time. Mobile banking is limited to a maximum transaction limit of N10,000 and daily limit of N100,000. You will be required to provide further documents at any point in time when transacting above the regulated threshed. International funds transfer is prohibited. This account is strictly savings. DECLARATION: Signature: Signature: Date:	reshold.	
TERMS AND CONDITIONS: The operations of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative N400,000 at any point in time. Mobile banking is limited to a maximum transaction limit of N10,000 and daily limit of N100,000. You will be required to provide further documents at any point in time when transacting above the regulated threshold. International funds transfer is prohibited. This account is strictly savings. DECLARATION: SIGNATURE Signature Date: Confirm Opened by: Name: Signature Date: Date:	reshold.	
TERMS AND CONDITIONS: The operations of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative N400,000 at any point in time. Mobile banking is limited to a maximum transaction limit of N10,000 and daily limit of N100,000. You will be required to provide further documents at any point in time when transacting above the regulated threshold. International funds transfer is prohibited. This account is strictly savings. DECLARATION: SOR BANK USE ONLY Account Opened by: Varne: Signature: Date: Date:	reshold.	
The operations of the account is limited to a maximum single deposit amount of N50,000 and maximum cumulative N400,000 at any point in time. Mobile banking is limited to a maximum transaction limit of N10,000 and daily limit of N100,000. You will be required to provide further documents at any point in time when transacting above the regulated threshold. International funds transfer is prohibited. This account is strictly savings. COR BANK USE ONLY Account Opened by: Signature: Date: Confirm Opened by: Signature. Date: Date:	reshold.	
Account Opened by: Name:		
Name Signature Date		
Name Signature Date		
Name Signature Date		
		7.00

Current Account Fixed Deposit Account Savings Account Domiciliary Account The lurin should be completed in CAMTAL LETTERS. Characters and marks should be similar in tryle to the Inflowing (CITES) ACCOUNT No. (for official use BIOMETRIC ID NO:	Passport Photograph here
BRANCH ACCOUNT No. (for official use	
BIOMETRIC ID NO:	
DEDCAMAL INFORMATION	
I. PERSONAL INFORMATION	
Title Surname	
First Name Other Name	
Parital Status (Please tick as appropriate) Single Married Others (please specify)	Gender F M
	of Birth
Nother's Maiden Name	
lationality (for non Nigerian) Resident permit No	
ermit Issue Oste Permit Expiry Date	
G.A State of Origin	
x Identification Number (TIN) Religion (Optional)	
rpose of Account	
CONTACT DETAILS	
Residential Address	
treet Number Street Name	
Nearest Bus Stop/Landmark	
City/Town Local Govt, Area	
State	
Mailing Address	
hone Number (1) Phone Number (2)	
rmail Address	
VALID MEANS OF IDENTIFICATION	

5. EMPLOYMENT DETAILS
Employed Self Employed Unemployed Retired Student Others (Please specify)
Date of Employment (if employed)
Annual Salary/Expected Annual Income
Annual Salary: (a) Less than N50,000 (b) N51,000- N250,000 (c) N251,000 - N500,000 (d) N501,000- Less than N1million (e) N1million - 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 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
Surrame Other Name(s)
First Name
Date of Birth 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
Name of Beneficial Owner(s) (If any)
Spouse's Name(if appliable)
Il Spouse Date of Birth Spouse Occupation
V Sources of Fund to the Account1
2
Expected Annual Income from Other Sources
Name Of Associated Business(es) (If any) 1.
2
3.
/I Type of Business
/II Business Address

. .

ACCOUNT HELD WITH OTHER I	BANKS:	A CONTRACTOR		THE STREET
S/N NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT N	NAME AC	COUNT NUMBER	STATUS: ACTIVE/DORMANT
2.				
3.	7			
4.	_			
TERMS AND CONDITIONS Each Financial Institution is to develop its	own Terms and Conditions			
The conditions should include a pledge/str		unt Customers on issuance	of dud cheque	
10. ACCOUNT MANDATE		CALC.	Mary Indian	
(Please tick as appropriate)				
Account Type: Current Account Fixed I	estment Account Other Type Deposit Account Savings A		S C Y A	Open
b. Account Name		Service and the service and th		
c. Account No.		official use only)		
d. Mandate authorisation/Com	bination rule (Please tick as a	ippropriate):50le Signa	itory Either to Sign	□ Both to Sign □
e. Signatories:				
Surname			18 - F 19 18	
First Name				
Other Name Class of Signatory				РНОТО
Identification Type:		Les al E		FIIOIO
Identification No:				la de la companya de
Telephone Number				
Signature & Date				
Signature & pate				
FOR BANK USE ONLY		FOR BANK USE ON	NCY .	
Name	Signature	Name		5ignature
11. DECLARATION:				PARTY IN
I/We hereby apply for the opening of	of executate) with	nk Ple, I/We understand	that the information give	en herein and the documents
	is decounty) with the control			
supplied are the basis for opening such	account (s) and I/We therefore v			esten assulded to the Book
supplied are the basis for opening such I/We further undertake to indemnify th	account (s) and I/We therefore we ne Bank for any loss suffered as a	result of any false informa	ation or error in the inform	
supplied are the basis for opening such I/We further undertake to indemnify th 1. Name	account (s) and I/We therefore we ne Bank for any loss suffered as a	result of any false informa	ution or error in the inform	ate
supplied are the basis for opening such I/We further undertake to indemnify the 1. Name	account (s) and I/We therefore we ne Bank for any loss suffered as a	result of any false informa Signature Signature	ution or error in the inform	ate
supplied are the basis for opening such I/We further undertake to indemnify th Name Name 12. JURAT(THIS SHOULD BE ADOPTED V	account (s) and I/We therefore we Bank for any loss suffered as a	result of any false informa Signature Signature ERATE OR IS BUND AND TO	otion or error in the inform D HE FORM IS READ TO HIM	ate
I/We further undertake to indemnify the further undertake to indemnify the I. Name	account (s) and I/We therefore we Bank for any loss suffered as a suffered as a well-suffered as a well-suffered as a well-suffered as a well-suffered as a suffered as a	Signature	otion or error in the inform D HE FORM IS READ TO HIM	ate
1/We further undertake to indemnify the further undertake to indemnify the same	raccount (s) and I/We therefore we Bank for any loss suffered as a suffered as a well-suffered as a well-suffered as a well-suffered as a well-suffered as a suffered as a	result of any false informa Signature Signature ERATE OR IS BUND AND TO	D HE FORM IS READ TO HIM	ate
1/We further undertake to indemnify the further undertake to indemnify the same	raccount (s) and I/We therefore we Bank for any loss suffered as a suffered as a well-suffered as a well-suffered as a well-suffered as a well-suffered as a suffered as a	Signature	D HE FORM IS READ TO HIM	ate
supplied are the basis for opening such I/We further undertake to indemnify the 1. Name	raccount (s) and I/We therefore we Bank for any loss suffered as a suffered as a well-suffered as a well-suffered as a well-suffered as a well-suffered as a suffered as a	Signature	D HE FORM IS READ TO HIM	ate
supplied are the basis for opening such I/We further undertake to indemnify the 1. Name	raccount (s) and I/We therefore we Bank for any loss suffered as a suffered as a well-suffered as a well-suffered as a well-suffered as a well-suffered as a suffered as a	Signature	D HE FORM IS READ TO HIM	ate
supplied are the basis for opening such I/We further undertake to indemnify the 1. Name	raccount (s) and I/We therefore we Bank for any loss suffered as a suffered as a well-suffered as a well-suffered as a well-suffered as a well-suffered as a suffered as a	Signature	D HE FORM IS READ TO HIM	ate
1/We further undertake to indemnify the 1. Name	raccount (s) and I/We therefore we Bank for any loss suffered as a suffered as a well-suffered as a well-suffered as a well-suffered as a well-suffered as a suffered as a	Signature	D HE FORM IS READ TO HIM	ate

Savi	EQUIREMENT CHECKLIST			
	ngs 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 (orginal must be signed)			
5.	Resident Permit (for non-Nigerian)			
6.	Proof of Address: Utility bills, etc (Carolled true copy is acceptable if original is not held)			
7.	Letter from Employer / School / NYSC (for salary account and or Student only)			
Fixed	d/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 possport photographs			
4.	Two (2) independent and satisfactory references			
5.	Proof of Identity: International passport, Driver's licence, National ID card or INEC Votors Card (original most be signed)			
6.	Proof of Address: Utility bills etc (Certified true copy is acceptable it original is not held)			
7.	Letter from amployer (for salary account only)			
8.	Resident permit (for non-Nigerians)			
9. 2. Al	Other document Provided UTHENTICATION FOR FINANCIAL INCLUSION			
2. Al	Other document Provided UTHENTICATION FOR FINANCIAL INCLUSION Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013	obtained in		
2. Al	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with	obtained in Regulation 77	(4) of AML/CI	T
2. Al	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013	obtained in Regulation 77	(4) of AML/CI	T
2. Al	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013	obtained in Regulation 77	(4) of AML/CI	T
2. Al	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013 Does the Customer enjoy tiered KYC requirements? YES	obtained in Regulation 77	(4) of AML/CI	T
2. Al	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013	obtained in Regulation 77	(4) of AML/CI	T
2. Al	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013 Does the Customer enjoy tiered KYC requirements? YES If answer to question (iii) above is yes, identify the customer risk ca	obtained in Regulation 77	(4) of AML/CI	T
2. Al	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013 Does the Customer enjoy tiered KYC requirements? YES If answer to question (iii) above is yes, identify the customer risk ca Low Risk Medium Risk High Risk ITHENTICATION FOR POLITICALLY EXPOSED PERSONS	obtained in Regulation 77	(4) of AML/CI	T
2. Al	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013 Does the Customer enjoy tiered KYC requirements? YES If answer to question (iii) above is yes, identify the customer risk ca Low Risk Medium Risk High Risk JTHENTICATION FOR POLITICALLY EXPOSED PERSONS Is the Applicant a Politically Exposed Person? YES NO	obtained in Regulation 77	(4) of AML/CI	T
2. All	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013 Does the Customer enjoy tiered KYC requirements? YES If answer to question (iii) above is yes, identify the customer risk ca Low Risk Medium Risk High Risk ITHENTICATION FOR POLITICALLY EXPOSED PERSONS	obtained in Regulation 77	(4) of AML/CI	T
2. All	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013 Does the Customer enjoy tiered KYC requirements? YES If answer to question (iii) above is yes, identify the customer risk ca Low Risk Medium Risk High Risk JTHENTICATION FOR POLITICALLY EXPOSED PERSONS Is the Applicant a Politically Exposed Person? YES NO Bank Use Only: ACCOUNT OPENED BY:	obtained in Regulation 77	(4) of AML/CI	T
2. All For B	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013 Does the Customer enjoy tiered KYC requirements? YES If answer to question (iii) above is yes, identify the customer risk ca Low Risk Medium Risk High Risk JTHENTICATION FOR POLITICALLY EXPOSED PERSONS Is the Applicant a Politically Exposed Person? YES NO Bank Use Only: ACCOUNT OPENED BY:	obtained in Regulation 77	(4) of AML/CI	
2. All	Is the customer socially or financially disadvantaged? YES If answer to the (I)above is yes, state other documents on socially/financially disadvantaged customer in compliance with Regulation, 2013 Does the Customer enjoy tiered KYC requirements? YES If answer to question (iii) above is yes, identify the customer risk ca Low Risk Medium Risk High Risk JTHENTICATION FOR POLITICALLY EXPOSED PERSONS Is the Applicant a Politically Exposed Person? YES NO Bank Use Only: ACCOUNT OPENED BY:	obtained in Regulation 77	(4) of AML/CI	

8. D	EFER		THE OWNER OF THE OWNER.												_												
Name			T	T	Г		П	T	T	I		П	T	Т	П	T	T	T	T			П	T	T	П	T	T
								8									Til.			-	ate:	10		C			
Signatu	re			·····		70.000			T	T	-	_		-	_	-	-	-	-		aug.	4	H	$\overline{+}$		4	+
Name	Ш	_	1	_		Ц		_	_	1		_				4	_	1	Н		Ш				Ш		
Signatu	ne:						·			ro-Ha										D	ate:	Ĉ		**	_		Ť
	DDRE	-	_				_		_					BT.							Ė						
Name		T	T	Т			T	T	Т	T						T	T		П			-	1	Т			T
11.5007135	-		-		-		-	+	-	- 20	N. P.		1000	4				101	Marie I		1			aca.		-	
Signatu	re:											- ny	HEN		- 4		7			D	ate:						Ţ
Name	Ш		1	_	Ш	_	Ц	L	L	1	Ш		Щ.	Ш			Į.	L						L			
Signatu	neri									117										D	ate;	0	9				-
COMM																										- 70	13
			-		. la disease		*******						117.114		Million C								20040				Later Co.
			******				-											1000		*****		*******					17-310
1000000	3(0)1111								111000				na en lives								71115	***************************************		******			500000
	******		11/17/	1997	1000	91.00.0	PTI, 111,12		11000	Property				11112011				******	10000	1117777				termin.	*******		
170000,5005		1						100045	10//	APP	ROV	ED E						MI.									
1730-0.5005	CCC	UNT	OF	ENI	NG.	AUT	но		-	-	,,,,,,,		-			-		-	-	_		-	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
D. /	CCC	UNI	OF	ENI	NG	AUT	HO		Ī	I		Ī	I		I	I	T	I				I	1			1	
D. A		I				Ι	Τ	T	Ι				I			I	I	I		D	ate:		1				
D. A Name Signatur		UN				Ι	Τ	T	Ι			I	1					I		D	ate:					7	
D. A Name Signatur		I				Ι	Τ	T	Ι									I				0		M	H H		T**
17000.0000		I	I			I	I		I] 	П	I						I			ate:						T*
Name Signatur Name		I	I			I	I		I] 	П	I										0		M			T
Name Signatur Name		I	I			I	I		I] 	П		I											M			
Name Signatur Name		I	I			I	I		I] 	П													14 14			T
Name Signatur Name		I	I			I	I		I] 	П											0		14 M			
Name Signatur Name		I	I			I	I		I] 	П											0		14 PI			×
Name Signatur Name		I	I			I	I		I] 	П						The state of the s							11			
Name Signatur Name		I	I			I	I		I] 	П												0	H H			×
Name Signatur Name		I	I			I	I		I] 	П													PI PI			
Name Signatur Name		I	I			I	I		I] 	П													In the second se			Y
Name Signatur Name		I	I			I	I		I] 	П													14			
Name Signatur Name		I	I			I	I		I] 	П													14			
Name Signatur Name		I	I			I	I		I] 	П													14			
Name Signatur Name		I	I			I	I		I] 	П													M			
Name Signatur Name		I	I			I	I		I] 	П													14			
Name Signatur Name		I	I			I	I		I] 	П													M M			
Name Signatur Name		I	I			I	I		I] 	П																

(Please indicate the busin <u>Category of business:</u> <u>Limited Liability Co</u>										able bo		13		hers							
Account Type:		P. DAPONA	3 101000.70			llary A		8	Transfer de	Y 4		1011	15000	licis							
This form should be completed in CA		The second				ALTER CO.			GEITS				1								
RANCH		actual atom Ma	NO TENSIS			THE PROPERTY.	- 90.100	***************************************	CEUE	A	cco	UN	T No	(for	offic	ial us	e on	ly)	-		1
MANCH											J.	1	L		1	1	L			ıl.	
I. COMPANY DETAIL	S (Pleas	se comple	te in B	LOCK	LETTE	RS and	l tick	where	neces	ary)											
Company/Business Name	T			H		T	T	П			П					I	П		T		_
	П			Ħ	Ť	Ħ	İ	П			Ī			İ			Ī	T	İ	Ī	Ī
Certificate of Incorporation/	Registrati	ion Numb	er	П	Т	TT	T	П			П				T				T		
Date of Incorporation/Regist	tration	0 0		N K	1		Jurisd	iction	of Inco	rporatio	n/Re	gistra	ation	n		T	T	Ī	İ	T	Ī
/pe/Nature of Business	TT	TT		TI	Т	TT	1	IT		T				T	T	П	Ť		T	Ė	
ector/industry	11		1	1		1	7.0					T	F	1		F				-	
The state of the s	1			_	+	H	+	1		1	_	1	1	1	+		_	-			
perating Business Address	1.	Ш				Ш				1						Ц					_
					1										Ш	Ш			1		
Operating Business Address	s 2.																				
	T			П									T	Т	Т	П	T	Ĩ		П	_
Corporate Business Addres	ss/		Ħ	T	Ť	H	T	T			T	m	i	T	T		T	Ť		F	=
Registered office (if different from above)				$\overline{\Box}$	Ť		T	П	T	Ħ	Ī		T	İ	İ			t	İ		
Email address	TT		П	П		П	T	П	T		1										
Mebsite (If any)	11	TT	П	П	T	TT	T	П	Т	Т	1										
	++	H	+	+	+	1			Augu	-	1			T	-						
Phone Number (1)	4	$\perp \perp$	4	Ш	+	Pi	ione N	2001/1000	Contract.	orrowe	1.0	l de [Ц	4	+	_	닉				
Tax Identification Number (TIN)				Ь,					applica		306	_	L	L	Ш		1			
Special Control Unit against	Money La	aundering	(SCUM	L) Reg	No:																
. ANNUAL TURNOVE					K.					15											
a) Less than N50 Million	The Control			11211	200	90950	1000	Millio	n - Les	s than N	V\$ B1	ion		Abov	e N5	Billio	o [
b) is Your Company Quotedc) if answer to question (b) is				Yes [-	No Sou	1000	hol													
	W. Stanove		F14550	- 2	Street, St.		100	200	DALLAS TO							Ш					
3. ACCOUNT SERVICE							-				7				-		1				
Card Preferences: Verve Electronic Banking Prefer	ences: In	iternet Ba] Mob	Ne Ban	STATE OF THE PARTY OF	ATM	POS	Oth	2500000	ronic	Char	nels	(Fees	may	apply) Spe	cify	П	T	
Fransaction Alert Prefere						Alert (F				NO NEW					7.						
Statement Preferences: i	Marie Contract	YES STORY												1	200			200	Ann	ually	
Theque Book Requisition:	07. 1 Lunes	2 1		DAY 10			112	100		naves	Ц	50 L	eave	L	1	00 Le	aves	П			
Theque Confirmation: W		A. C. C.					es 📙		THE PARTY OF THE	TO T	-	-	1		-	-	T	T	1		
Cheque Confirmation The	reshold:	If the ans	wer to	the abo	ove is y	es, pie	ase sp	acify th	ne three	thold)								_			

5. ACCOUNT SIGNATORY 1. Surname		Other Name				
First Name		Mother's Maiden Name			TH	
Date of Birth					-	1
	Gender M F					
Nationality (for non-Nigerians)						
Means Of Identification		ID Numbe	the state of the s			Ш
ID Issue Date	ID Explry Date					
Biometric ID No:						
Occupation		Status/job Tide				
Position/Office of the Officer						
Residential Address			TTT	TIT	TIT	Th
House Number	Street Name		TTT	TT	TIT	ŤΠ
Nearest Bus Stop/Landmark				TT		TT
City/ Town		Local Goyt. Area		TIT	TIT	
State		2		2118	T. Sec	
Phone Number (1)	P	one Number (2)		ПТ	П	
E-mail Address				7 860	LIGHT.	
SVA-369000000000000000000000000000000000000				No. of Street		
Class of Signatory (Please of talk class in the box provided)		Signature	De De	ne 🗔		
Surrame Surrame		Other Name	Da	te		
Surname First Name			Da	ne		
Surrame Surrame	Gendár M F	Other Name	Da	ne		
Surname First Name Date of Birth Nationality (for non-Nigerians)	Gendar M F	Other Name Maiden Name	Da Da	ne		
Surname First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification	Gendar M F	Other Name Mother's Maiden Name ID Number		ne		
Surname First Name Date of Birth Nationality (for non-Nigerians)	Gendar M F	Other Name Maiden Name		ne		
Surname First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification	Gendar M F	Other Name Mother's Maiden Name ID Number		ne		
Surrame First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification	Gendar M F	Other Name Mother's Maiden Name ID Number		ne		
Surname First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification ID issue Date Bigmetric ID No:	Gendar M F	Other Name Mother's Maiden Name ID Number		ne		
Surrame First Name Date of Birth Nationality (for non-Nigerans) Means Of Identification ID issue Date Biometric ID No: Occupation	Gendar M F	Other Name Mother's Maiden Name ID Number		ne		
Surname First Name Date of Birth Nationality (for non-Nigerans) Means Of Identification ID issue Date Bigmetric ID No: Occupation Position/Office of the Officer	Gendar M F	Other Name Mother's Maiden Name ID Number		ne		
Surname First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification ID issue Date Biometric ID No: Occupation Position/Office of the Officer Residencal Address	ID Expiry Date	Other Name Mother's Maiden Name ID Number		ne		
Surname First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification ID issue Date Bigmetric ID No: Occupation Position/Office of the Officer Residencal Address House Number	ID Expiry Date Street Name	Other Name Mother's Maiden Name ID Number		ne		
Surname First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification ID issue Date Bigmetric ID No: Occupation Position/Office of the Officer Residencal Address House Number Nearest Bus Stop/Landmark	ID Expiry Date Street Name	Other Name Mother's Maiden Name ID Number Status/job Ticle		ne		
Surname First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification ID issue Date Biometric ID No: Occupation Position/Office of the Officer Residencal Address House Number Nearest Bus Stop/Landmark City/ Town State	ID Expiry Date Street Name	Other Name Mother's Maiden Name ID Number Status/job Ticle ocal Govt. Area				
Surname First Name Date of Birth Nationality (for non-Nigerians) Means Of Identification ID issue Date Bigmetric ID No: Occupation Position/Office of the Officer Residencal Address House Number Nearest Bus Stop/Landmark City/ Town	ID Expiry Date Street Name	Other Name Mother's Maiden Name ID Number Status/job Ticle				

Surname			\perp					-								
First Name	TI		TI	TI			Mother!	s Maider	Name	П	TT	T		П	T	TT
Date of Birth		NAME OF	-	Gender I	۹П	<u></u>									600	10
Nationality (for non-N	(gerians)				H	H	1	1.1								
Means Of Identificat			#		11	+	++	TID	Vumbe	П	T			T	-	ŤT
ID Issue Date	CO MARIE			ID Exp	lry Date	1000	N HANN	_		-	-					1
Biometric ID No:				T						_						
Occupation			+								-			-		
			+		\dashv		Status	ob Title	Ш	11	-	35 00	Ш	-	1	1
Position/Office of the C	Officer	Ш						- 6								1
Residential Address														Ш		
House Number			Ш	Street Nar	ne											
Nearest Bus Stop/Landr	nark															
City/ Town						Local	Govt A	rea								
State																
Phone Number (1)						Phone N	umber (2				П	П	T			
E-mail Address	1					T								201		
Liass of Signatory Please indicate ideas in the box pr	rovided)					41708	mature -					-				115
Class of Signatory Please indicate indus in the box pr								1.57		00/1						
Class of Signatory Peare individual in the Ecx pr A. DETAILS OF T Surname		CTOR'S	/EXECU	JTIVES/T	RUSTEE	ES/PRO		- 1	сито	RS/AI	OMINIS	TRAT	OR/P	RINC	IPAL	OFFICE
A. DETAILS OF T		CTOR'S	/EXECL	JTIVES/T	RUSTEE	S/PRO	МОТЕ	ame [RS/AI	OMINIS 	TRAT	OR/P	RINC	IPAL	OFFICE
A. DETAILS OF T	HE DIRE	CTOR'S	/EXECU			S/PRO	MOTE Other N	ame [RS/AL	OMINIC	STRAT	OR/P	RINC	IPAL	OFFICE
A. DETAILS OF T Surname First Name Date of Birth	HE DIRE					S/PRO	MOTE Other N	ame [Name			STRAT	OR/P	RINC	IPAL	OFFICE
AL DETAILS OF T Surname First Name Date of Birth Means of Identificat	HE DIRE			Gender	M D	S/PRO	MOTE Other N	ame [Name		DMINIS	TRAI	OR/P	RINC	IPAL	OFFICE
A DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date	HE DIRE				M D	ES/PRO	MOTE Other N	ame [Name		DMINIS	STRAT	OR/P	RING	IPAL I	OFFICE
A. DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No:	HE DIRE			Gender	M D	ES/PRO	MOTE Other N	ame [Name		DMININ I	TRAI	OR/P	RING	IPAL	OFFICE
AL DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation	HE DIRE			Gender	M D	ES/PRO	MOTE Other N	ame [Name		DMINIS 	STRAY	OR/P	RINC	CIPAL	OFFICE
Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation Status/Job Title	HE DIRE			Gender	M D	ES/PRO	MOTE Other N	ame [Name			STRATI	OR/P	RINC	IIPAL	OFFICE
AL DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation	HE DIRE			Gender	M D	ES/PRO	MOTE Other N	ame [Name		DMININE 	STRAI	OR/P	RINC	IIPAL II	OFFICE
A DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation Status/Job Title Residential Address	HE DIRE			Gender	M Date	ES/PRO	MOTE Other N	ame [Name			STRAY	OR/P	RINC	CIPAL .	OFFICE
AL DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation Status/Job Title Residential Address House Number	HE DIRE			Gender	M Date	ES/PRO	MOTE Other N	ame [Name			TRAI	OR/P	RINC	IIPAL	OFFICE
AL DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation Status/job Title Residential Address House Number Nearest Bus Stop/Lance	HE DIRE			Gender	M Date	ES/PRO	MOTE Other N	ame [Name			STRAY	OR/P	RINC	IIPAL III	OFFICE
AL DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation Status/Job Title Residential Address House Number	HE DIRE			Gender	M Date	ES/PRO	MOTE Other N	ame [Name				OR/P	RINC	CIPAL .	OFFICE
A. DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation Status/job Title Residential Address House Number Nearest Bus Stop/Lance	HE DIRE			Gender	M Date	ES/PRO	MOTE Other N	ame [Name					RINC	IIPAL II	OFFICE I
AL DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation Status/Job Title Residential Address House Number Nearest Bus Stop/Lance City/ Town	HE DIRE			Gender	M Date	ES/PRO	MOTE Other N	ame [Name				OR/P	RINC	CIPAL	OFFICE
AL DETAILS OF T Surname First Name Date of Birth Means of Identificat ID Issue Date Biometric ID No: Occupation Status/Job Title Residential Address House Number Nearest Bus Stop/Lanc City/ Town Local Govt. Area	HE DIRE			Gender	Date I	ES/PRO	Other N Mother's	Maiden	Name				OR/P	RINC	IPAL I	OFFICE I

2 Surname	Other Name
First Name	Mother's Maiden Name
Date of Birth	Gender M F
Means of Identification	ID Number
ID Issue Date	
Biometric ID No:	
Occupation	
Status/job Title	
Residential Address	
House Number	Stroot Name
Nearest Bus Stop/Landmark	
City/ Town	
Local Govt. Area	
State	
Phone Number (1)	Phone Number (2)
E-mail Address	
3. Surname	Other Name
3. Surname	Other Name
3. Surname First Name	Mother's Maiden Name
First Name	Mother's Maiden Name Gender M F
First Name Date of Birth Means of Identification	Gender M F ID Number
Pirst Name Date of Sirth Means of Identification ID Issue Date	Gender M F ID Number
Pirst Name Date of Sirth Means of Identification ID issue Date Biometric ID No:	Gender M F ID Number
Date of Birth Means of Identification ID Issue Date Biometric ID No:	Gender M F ID Number
Date of Birth Means of Identification ID Issue Date Biometric ID No: Occupation Status/job Title	Gender M F ID Number
Date of Birth Means of Identification ID Issue Date Biometric ID No:	Gender M F ID Number
Date of Birth Means of Identification ID Issue Date Biometric ID No: Occupation Status/job Title Residential Address	Gender M F ID Number ID Explry Date D A A A A A A A A A A A A A A A A A A
Dute of Birth Means of Identification ID Issue Dute Biometric ID No: Occupation Status/job Tide Residential Address House Number	Gender M F ID Number
Date of Birth Means of Identification ID Issue Date Biometric ID No: Occupation Status/job Title Residential Address House Number Nearest Bus Stop/Landmark	Gender M F ID Number ID Explry Date D A A A A A A A A A A A A A A A A A A
Date of Birth Means of Identification ID Issue Date Biometric ID No: Occupation Status/job Title Residential Address House Number Nearest Bus Stop/Lundmark City/ Town	Gender M F ID Number ID Explry Date D A A A A A A A A A A A A A A A A A A
Date of Birth Means of Identification ID Issue Date Biometric ID No: Occupation Status/Job Title Residential Address House Number Nearest Bus Stop/Lundmark City/ Town Local Govt. Area	Gender M F ID Number ID Explry Date D A A A A A A A A A A A A A A A A A A
Date of Birth Means of Identification ID Issue Date Biometric ID No: Occupation Status/job Title Residential Address House Number Nearest Bus Stop/Lundmark City/ Town	Gender M F ID Number ID Explry Date D A A A A A A A A A A A A A A A A A A
Date of Birth Means of Identification ID Issue Date Biometric ID No: Occupation Status/Job Title Residential Address House Number Nearest Bus Stop/Lundmark City/ Town Local Govt. Area	Gender M F ID Number ID Explry Date D A A A A A A A A A A A A A A A A A A

6 8. DETAILS OF A SOLE PROF I. PERSONAL INFORMATION	
Title	
First Name	Surname Other Name
Marital Status (Please sick) Single	Married Others (please specify) Gender F M
Date of Birth	
Mother's Maiden Name	
Nationality (for non Nigerian)	Resident permit No.
Permit Issue Date.	Permit Expiry Date:
LGA	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 IDENTIFICA	ATION CONTRACTOR OF THE PROPERTY OF THE PROPER
National ID Card National Drive	Par's License International Passport Valid INEC Voters Card Others (please specify)
Biometric ID No:	try Farders, Students with may not have the prescribed © 's
IV. DETAILS OF NEXT OF	
Surname	Other Name
First Name	Gender F M Title (Specify)
Date of Birth	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:	
Name of affiliated company/Body: I.	
2.	╒╇╒╬╬╬╬╬╬╬╬╬
J VICTOR CONCENTRAL CONTROL VICE VICE VICE VICE VICE VICE VICE VICE	

S/N NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMAN	
BANQBRANCH			ACTIVE/DORMAN	
E.				
k i				
				and the
AUTHORITY TO DEBIT ACCOU	NT FOR SEARCH FEE			
Bank Pic				Mark St
ear Sir,				
UTHORITY TO DEBIT OUR CURRE		THE RESIDENCE AND ADDRESS OF THE PARTY OF TH		
e hereby authorize you to debit of			earch conducted or	our account at
ne Corporate Affairs Commission of hank you.	or relevant agency/authority			
ours faithfully,				
STATE OF THE STATE				
thorized Signature of the Custome	r /Representative & Date	Authorized Signature o	f the Customer /Rep	resentative & Dat
				The state of
A CONTRACTOR OF THE PARTY OF TH				
A CONTRACTOR OF THE PARTY OF TH	rt their terms to reflect unique bu	siness operations		
The same of the sa	rt their terms to reflect unique bu	siness operations		J.
nancial Institutions are permitted to inse	TE	siness operations		
nancial Institutions are permitted to inse 0. ACCOUNT OPENING MANDA Category of Account: (Please tile	ii 3 ck as appropriate)			
O. ACCOUNT OPENING NANDA Category of Account: (Please the Joint Account: Fixed Investment)	ii 3 ck as appropriate)		S. R. F. Cube	
0. ACCOUNT OPENING MANDA Category of Account: (Please tide Joint Account: Fixed Investment Type: Current Account: Fixed Depo	u∃ ck as appropriate) ent Account	Account	S & ¥ & Othe	
0. ACCOUNT OPENING MANDA Category of Account: (Please tide Joint Account: Fixed Investment Type: Current Account: Fixed Depo	u∃ ck as appropriate) ent Account	Account Domiciliary Account	S & ¥ £ Othe	
0. ACCOUNT OPENING MANDA Category of Account: (Please tie Joint Account Fixed Investm Account Type: Current Account Fixed Depo	it as appropriate) ent Account Other Types of Other Sections Account Other Types Other T	Account ount Domiciliary Account	S & Y & Othe	
0. ACCOUNT OPENING MANDA Category of Account: (Please tile Joint Account Fixed Investm Account Type: Current Account Fixed Department Account Name Account Name Mandate authorisation/Combin	it as appropriate) ent Account	Account Domiciliary Account propriate):		
O. ACCOUNT OPENING MANDA Category of Account: (Please tile Joint Account Fixed Investm Account Type: Current Account Fixed Department Account Name Account Name Mandate authorisation/Combin Sole Signatory Two	it as appropriate) ent Account Other Types of Other Sections Account Other Types Other T	Account Domiciliary Account propriate):		
O. ACCOUNT OPENING NANDA Category of Account: (Please the Joint Account Fixed Investmation Fixed Investmation Fixed Investmation Fixed Depth Account Name Account Name Account No.	it as appropriate) ent Account	Account Domiciliary Account propriate):		
O. ACCOUNT OPENING MANDA Category of Account: (Please the Joint Account Fixed Investment Account Fixed Department Account Name Account Name Account No.	it as appropriate) ent Account	Account Domiciliary Account propriate):		
O. ACCOUNT OPENING MANDA Category of Account: (Please the Joint Account Fixed Investment Account Fixed Investment Account Name Account Name Account No.	it as appropriate) ent Account	Account Domiciliary Account propriate):		
O. ACCOUNT OPENING MANDA Category of Account: (Please the Joint Account Fixed Investment Account Name Account Name Account No.	it as appropriate) ent Account	Account Domiciliary Account propriate):	·	РНОТО
O. ACCOUNT OPENING MANDA Category of Account: (Please tide Joint Account Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investment F	it as appropriate) ent Account	Account Domiciliary Account propriate):	·	
O. ACCOUNT OPENING MANDA Category of Account: (Please tident of Insert of I	it as appropriate) ent Account	Account Domiciliary Account propriate):	·	
O. ACCOUNT OPENING MANDA Category of Account: (Please tide Joint Account Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investmance Fixed Investment	it as appropriate) ent Account	Account Domiciliary Account propriate):	·	
O. ACCOUNT OPENING MANDA Category of Account: (Please tident of Insert	it as appropriate) ent Account	Account Domiciliary Account propriate):	·	
O. ACCOUNT OPENING MANDA Category of Account: (Please the Joint Account Fixed Investment Account Fixed Investment Account Fixed Department Account Name Account Name	it as appropriate) ent Account	Account Domiciliary Account propriate):	·	
O. ACCOUNT OPENING MANDA Category of Account: (Please tident of Insert	it as appropriate) ent Account	ount Domiciliary Account propriate): are to Sign, please specific	·	
Account Type: Current Account Fixed Deperment Account Name Account No.	it as appropriate) ent Account	ount Domiciliary Account propriate): are to Sign, please specific	·	

WWW. CHE-			
Name:			
Surname First Name			
Other Name			
Class of Signatory			РНОТО
Identification Type:			111010
Identification No:	PASSALLE		
Tax and the second second second			
Telephone Number			
Signature & Date		1	
FOR BANK USE ONLY		FOR BANK USE ONLY	
Name	Signature	Name	Signature
Name:			
Surname			
First Name			7 447
Other Name			
Class of Signatory			РНОТО
Identification Type:			200
Identification No:			三年
Telephane Number			
Signature & Date			
FOR BANK USE ONLY		FOR BANK USE ONLY	
27	114		
	Signature tions can provide more space	Name if the number of Signatories is mo	Signature re than spaces provided.
NOTE: Financial institu	tions can provide more space	I Lift the number of Signatories is mo	
NOTE: Financial institu	tions can provide more space	I Lift the number of Signatories is mo	
NOTE: Financial institu 11. TERMS AND CONDITION Financial Institutions are permitted to ins 12. DECLARATION CUSTOMER INFORMATION	tions can provide more space en their terms to reflect unique b	if the number of Signatories is mo	re than spaces provided.
NOTE: Financial institutions are permitted to institutions are permitted to institutions are permitted to institutions are permitted to institutions. 12. DECLARATION CUSTOMER INFORMATION 1/We hereby apply for the opening of	ert their terms to reflect unique be	if the number of Signatories is mo usiness operations	
NOTE: Financial institutions are permitted to institutions are permitted to institutions. 12. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby	ert their terms to reflect unique be any account or accounts with	if the number of Signatories is mo susiness operations	re than spaces provided. of the information given herein is the basi
NOTE: Financial institu II. TERMS AND CONDITION Financial Institutions are permitted to ins I2. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby	ert their terms to reflect unique be any account or accounts with	if the number of Signatories is mo susiness operations	re than spaces provided.
NOTE: Financial institutions are permitted to institutions are permitted to institutions. 12. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby	ert their terms to reflect unique be any account or accounts with warrant that such information is a 8 Bank for any loss suffered as a	if the number of Signatories is mo susiness operations Bank Pic. I/We understand the correct.	re than spaces provided. at the information given herein is the basi
NOTE: Financial institu II. TERMS AND CONDITION Financial Institutions are permitted to ins I2. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby I/We further undertake to Indiamnify the	ert their terms to reflect unique be any account or accounts with warrant that such information is a 8 Bank for any loss suffered as a	if the number of Signatories is mo susiness operations Bank Pic. I/We understand the correct.	re than spaces provided. at the information given herein is the basi
NOTE: Financial institu 11. TERMS AND CONDITION Financial Institutions are permitted to ins 12. DECLARATION CUSTOMER INFORMATION 1/We hereby apply for the opening of for opening such occount(s) and hereby 1/We further undertake to Indemnify the "In Witness whereof, the common sea	ert their terms to reflect unique be any account or accounts with warrant that such information is a 8 Bank for any loss suffered as a	if the number of Signatories is mo susiness operations Bank Pic. I/We understand the correct.	re than spaces provided. at the information given herein is the basi
NOTE: Financial institutions are permitted to institutions are permitted to institutions are permitted to institutions. 12. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby I/We further undertake to Indiamnify the "In Witness whereof, the common sea In the presence of a	ert their terms to reflect unique be any account or accounts with warrant that such information is a Bank for any loss suffered as a	if the number of Signatories is mo susiness operations	re than spaces provided. of the information given herein is the basi or in the information provided to the Sank
NOTE: Financial institu 11. TERMS AND CONDITION Financial Institutions are permitted to ins 12. DECLARATION CUSTOMER INFORMATION 1/We hereby apply for the opening of for opening such occount(s) and hereby 1/We further undertake to indemnify the "In Witness whereof, the common seal in the presence of a Director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the presence of a director (Name of the common seal in the com	ert their terms to reflect unique be any account or accounts with warrant that such information is to Bank for any loss suffered as a lot	if the number of Signatories is mo susiness operations Bank Pic. I/We understand the correct. result of any false information or error appany) is hereby affixed this	re than spaces provided. at the information given herein is the basi
NOTE: Financial institutions are permitted to institutions are permitted to institutions are permitted to institutions. 12. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby I/We further undertake to Indiamnify the "In Witness whereof, the common sea In the presence of a	ert their terms to reflect unique be any account or accounts with warrant that such information is to Bank for any loss suffered as a lot	if the number of Signatories is mo susiness operations Bank Pic. I/We understand the correct. result of any false information or error appany) is hereby affixed this	re than spaces provided. of the information given herein is the basi or in the information provided to the Sank
NOTE: Financial institu II. TERMS AND CONDITION Financial institutions are permitted to ins 12. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such account(s) and hereby I/We further undertake to Indemnify the "In Witness whereof, the common sea In the presence of a Director (Name of 13. SIGNED, SEALED & DELIVER)	ert their terms to reflect unique be any account or accounts with warrant that such information is to Bank for any loss suffered as a lot	if the number of Signatories is mo susiness operations Bank Pic. I/We understand the correct. result of any false information or error appany) is hereby affixed this	re than spaces provided. of the information given herein is the basi or in the information provided to the Sank
NOTE: Financial institu II. TERMS AND CONDITION Financial Institutions are permitted to ins I2. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such account(s) and hereby I/We further undertake to indemnify the "In Witness whereof", the common seal in the presence of a Director (Name of Signer), SEALED & DELIVERINAME Name	ert their terms to reflect unique be any account or accounts with warrant that such information is to Bank for any loss suffered as a lot	if the number of Signatories is mo susiness operations Bank Pic. I/We understand the correct. result of any false information or error appany) is hereby affixed this	re than spaces provided. of the information given herein is the basi or in the information provided to the Sank
NOTE: Financial institu II. TERMS AND CONDITION Financial Institutions are permitted to ins I2. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such account(s) and hereby I/We further undertake to indemnify the "In Witness whereof", the common sea In the presence of s Director (Name as II. SIGNED, SEALED & DELIVER) Name	ent their terms to reflect unique bears their terms to reflect unique bears any account or accounts with warrant that such information is to Bank for any loss suffered as a loss	if the number of Signatories is mo ousiness operations Bank Pic. I/We understand the correct. result of any false information or error pany) is hereby affixed this	or the information given herein is the basic printhe information provided to the Sank and or in the information provided to the Sank and Signature)
NOTE: Financial institu II. TERMS AND CONDITION Financial Institutions are permitted to ins I2. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such account(s) and hereby I/We further undertake to indemnify the "In Witness whereof, the common sea In the presence of s Director (Name as II. SIGNED, SEALED & DELIVER) Name Status	ert their terms to reflect unique be any account or accounts with warrant that such information is to Bank for any loss suffered as a lot	if the number of Signatories is mo ousiness operations Bank Pic. I/We understand the correct. result of any false information or error pany) is hereby affixed this	re than spaces provided. at the information given herein is the basi or in the information provided to the Sank
NOTE: Financial institut II. TERMS AND CONDITION Financial Institutions are permitted to ins I2. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby I/We further undertake to indemnify the "In Witness whereof, the common sea in the presence of s Director (Name of Status Name Status	ent their terms to reflect unique bears their terms to reflect unique bears any account or accounts with warrant that such information is to Bank for any loss suffered as a loss	if the number of Signatories is mo ousiness operations Bank Pic. I/We understand the correct. result of any false information or error pany) is hereby affixed this	or the information given herein is the basic printhe information provided to the Sank and or in the information provided to the Sank and Signature)
NOTE: Financial institu II. TERMS AND CONDITION Financial Institutions are permitted to ins I2. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby I/We further undertake to indemnify the "In Witness whereof, the common sea In the presence of a Director (Name of Status Name Status Signature	ent their terms to reflect unique bears their terms to reflect unique bears any account or accounts with warrant that such information is to Bank for any loss suffered as a loss	if the number of Signatories is mo ousiness operations Bank Pic. I/We understand the correct. result of any false information or error pany) is hereby affixed this	or the information given herein is the basic printhe information provided to the Sank and or in the information provided to the Sank and Signature)
NOTE: Financial institut II. TERMS AND CONDITION Financial Institutions are permitted to institutions are permitted to institutions are permitted to institutions. I. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby I/We further undertake to indemnify the "In Witness whereof", the common sea in the presence of such a presence of such as a permitted in the presence of such as a pe	en their terms to reflect unique bears their terms to reflect unique bears any account or accounts with	if the number of Signatories is mo business operations Bank Pic. I/We understand the correct. result of any false information or error appany) is hereby affixed this	of the information given herein is the basis or in the information provided to the Sank day of
NOTE: Financial institu II. TERMS AND CONDITION Financial Institutions are permitted to ins 12. DECLARATION CUSTOMER INFORMATION I/We hereby apply for the opening of for opening such occount(s) and hereby I/We further undertake to indemnify the "In Witness whereof, the common sea In the presence of such a permitted in the presence of such as a permitted in the	en their terms to reflect unique bears their terms to reflect unique bears any account or accounts with	if the number of Signatories is mo business operations Bank Pic. I/We understand the correct. result of any false information or error appany) is hereby affixed this	or the information given herein is the basic printhe information provided to the Sank day of
NOTE: Financial Institu 11. TERMS AND CONDITION Financial Institutions are permitted to ins 12. DECLARATION CUSTOMER INFORMATION 1/We hereby apply for the opening of for opening such occount(s) and hereby 1/We further undertake to Indemnify the "In Witness whereof", the common sea In the presence of such account (s) and hereby Director (Name of Status) Name Status	en their terms to reflect unique bears their terms to reflect unique bears any account or accounts with	if the number of Signatories is mo business operations Bank Pic. I/We understand the correct. result of any false information or error appany) is hereby affixed this	of the information given herein is the basis or in the information provided to the Sank day of

	17.4		170	E ()F							8		-		-																	
Name									Π				T				I				T											Τ	
Address	Π		T						Т		Т	T		T		Ť	Ť	T	T		T	T	T	Ì	T	T				T	T	İ	Ħ
Î	ΪÏ	Ü	Ť	Ť					Ì	Ì	T	Ť	Ï	Ť	Ť	Ī	T	Ť		Ī	T	T	T	Î	Î	Ī				T	Ť	T	T
Decupation	Π	Ť		T						T	T	T	ï	Ť		Ü	î	Ť	T	T	Ť	İ	T		T	T		ī			Ť	Ŧ	F
Signature		-		_	-	_		_	-	-		-	-	1						-	-			7	ate	-	-			-	-	-	
S. C. C. C. C. C. C. C. C. C. C. C. C. C.	unistes con	rinani)	1007	774.140		ranta.	100 100	WHEE	witte	in Miles	ren) in a	rayes.	CALCO T	W.C.V.	2010	Cuton								-5	1000	L	+	_	1	4		1	ш
										1																							

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				
S.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Companies)				
6.	(a)Form CO7 Particulars of Directors (Certified one capies by the Register of Companies and a partification by a Natury Public for Foreign Companies)				
7.	(b)Form CD2 Alliptment of Shares (Contiled mus copies by the Regional of Companies and a cartification by a Nation Public for Foreign Companies)				
8.	Partnership Deed (where applicable)				
9.	Approval Letter (for Government Agency)				
10.	Act/Gazette(for Government Agency) (where applicable)				
11.	Two(2) passport sized photographs of each signatory to the account with name written on the reverse Side				
12.	Introduction letter (where applicable)				
13.	Status report from Banker (where applicable)				
14.	Resident Permit (for non-Nigerians)				
15.	Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable)				
16.	Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable)				
17.	Search Report				
18.	Power of Attorney (where applicable)				
19,	Letter of Indemnity				
20.	Proof of Company address				
21.	Business Premises visitation certificate				
22.	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)				
23.	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)				
24	Two Completed satisfactorily reference forms.				
25	Copy of the audited Financial statements				
26	Others (please specify)				

Name										П					T									
										THE	575	Will La	-	-90	6)63	1	(tame)	-	-	-				8.0
Signature	,	-								-2	-			-	-	-		-	Date:	-		_	1	
Name				\perp		Ш		L	\perp	Ш	1		Ш				Ш	_	\perp		Ш			
Signature		Stronger	********							27									Date:	-	0	4	-	
0.0		AL/WA			900		-	17800	100000		ORIS	ED I	BY:							A TOTAL				
Name				T	T			T	-				NA SE	T	T				T	T	П	T	T	
1	-	1 1	-	1				-	-		-	-	-	+	-	-	-	-		6			1 62	
Signature															-			_	Date:					
Name			1	1				L			1													
Signature	š																		Date:	D				
		VERIE	-		_	-			_	-		è												
1		III	1	T							T			7	1			7			T	Т	T	
Name	1			1		Ш	_	1	Н	_	1	L	Н	1	_	_	Ц	_	ш				Ш	
Signature:	*>+++++									HT									Date				Ú	
Name			3								T													
20																			Date:	D			-	
Signature: COMME										-										Н	-11-	-	لــالـ	- 1
.)														********			Komis	****	· · · · · · · · · · · · · · · · · · ·		·····			
~~~~~~~~	********	91111111111	277007	-	71111111	Heleneon			Mariti					,,,,,,,										
							<u> </u>						17001113							W. C.	10/20/W			
							-	- Turin										-						
	1/2/00/2																							
Sange.														2										
Sange.		ит о		ING	AL.	тнс	ORISI	D/	APP	ROV	ED E	Y:				P								7/0
Sange.				ING	AL	тне	ORISI	Ð/	APP	ROV	ED E	Ye.		Ī				I		T				
D. AC	cou	NT O	PEN	Ι		П	Ī	Ī		I	ED E	SY:		I	I				Date:				1 57	
D. AC	cou	NT O	PEN	Ι		П	Ī	Ī		I	ED F	3Y:							Date:					
D. AC	cou	NT O	PEN	Ι		П	Ī	Ī		I	ED F	3Y:		I	I			I	П					
D. AC	cou	NT O	PEN	I			I	I		I	ED E	3Y:		I	I				Date:				, , , , , , , , , , , , , , , , , , ,	
D. AC Name [ Signature: Name [	cou	NT O	PEN	I			I	I		I	#D #	Y		I					П					· · · · · · · · · · · · · · · · · · ·
D. AC Name [ Signature: Name [	cou	NT O	PEN	I			I	I		I	*D #	3Y:							П					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
D. AC Name [ Signature: Name [	cou	NT O	PEN	I			I	I		I	ED E	3Y:							П					

.