



CENTRAL BANK OF NIGERIA

Financial Policy and Regulation Department
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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-INDIVIDUAL

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

BRANCH

ACCOUNT No. (for official use only)

Affix
Passport
Photograph
here

BIOMETRIC ID NO:

1. PERSONAL INFORMATION

Title

Surname

First Name

Other Name

Marital Status (Please tick as appropriate) Single ☐ Married ☐ Others (please specify)

Gender

F ☐M ☐

Place of Birth

Date of Birth

Mother's Maiden Name

Tax Identification Number (TIN)
(if available)

L.G.A

State of Origin

2. CONTACT DETAILS

Residential Address

Street Number

Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Mailing Address

Phone Number (1)

Phone Number (2)

E-mail Address (Optional)

3. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)Card Preferences: Verve Card ☐ Master Card ☐ Visa Card ☐ Others (Specify)Electronic Banking Preferences: Internet Banking ☐ Mobile Banking ☐ ATM/POS ☐ Other Electronic Channels (Fees may apply) SpecifyTransaction Alert Preferences: Email Alert (Free) ☐ SMS Alert (Fee applies) ☐**4. EMPLOYMENT DETAILS (OPTIONAL)**Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Please specify)

Date of Employment (if employed)

Business/Employer's Name

Employer's /Employment Address

State

Business / Occupation

5. DETAILS OF NEXT OF KIN

Surname

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

TERMS AND CONDITIONS:

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

DECLARATION:

FOR BANK USE ONLY

Account Opened by:

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

Confirm Opened by:

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

ACCOUNT OPENING FORM-INDIVIDUAL

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

ACCOUNT No. (for official use only)

BRANCH

BIOMETRIC ID NO:

Affix
Passport
Photograph
here

1. PERSONAL INFORMATION

Title Surname

First Name Other Name

Marital Status (Please tick as appropriate) Single ☐ Married ☐ Others (please specify)

Gender F ☐ M ☐

Place of Birth Date of Birth

Mother's Maiden Name

L.G.A State of Origin

Tax Identification Number (TIN) Religion (Optional)

2. CONTACT DETAILS

Residential Address

Street Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Mailing Address

Phone Number (1) Phone Number (2)

E-mail Address (Optional)

3. MEANS OF IDENTIFICATION

Please Specify

ID No. ID Issue Date ID Expiry Date

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

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

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

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

5. EMPLOYMENT DETAILS (OPTIONAL)

Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Please specify)

Date of Employment (if employed)

Business/Employer's Name

Business / Occupation

6. DETAILS OF NEXT OF KIN

Surname 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

TERMS AND CONDITIONS:

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

DECLARATION:

FOR BANK USE ONLY

Account Opened by:

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

Confirm Opened by:

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

ACCOUNT OPENING FORM-INDIVIDUAL

Category of Account: (Tick as appropriate)

Joint Account ☐ Fixed Investment Account ☐ Other Types of Account ☐

Account Type: (Tick as appropriate)

Current Account ☐ Fixed Deposit Account ☐ Savings Account ☐ Domiciliary Account ☐S ☐ E ☐ V ☐ L ☐ Others ☐The form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following **QWERTY**Affix
Passport
Photograph
here

BRANCH

ACCOUNT No. (for official use only)

BIOMETRIC ID NO:

I. PERSONAL INFORMATION

Title

Surname

First Name

Other Name

Marital Status (Please tick as appropriate) Single ☐ Married ☐ Others (please specify)Gender F ☐ M ☐

Place of Birth

Date of Birth

Mother's Maiden Name

Nationality (for non Nigerian)

Resident permit No

Permit Issue Date

Permit Expiry Date

L.G.A

State of Origin

Tax Identification Number (TIN)

Religion
(Optional)

Purpose of Account

2. CONTACT DETAILS

Residential Address

Street Number

Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Mailing Address

Phone Number (1)

Phone Number (2)

E-mail Address

3. VALID MEANS OF IDENTIFICATIONNational ID Card ☐ National Driver's License ☐ International Passport ☐ INEC Voters Card ☐ * Others (please specify)

ID No.

ID Issue Date

ID Expiry Date

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

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

Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

5. EMPLOYMENT DETAILSEmployed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Please specify) Date of Employment (if employed) **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 Nearest Bus Stop/Landmark City/ Town Local Govt. Area State Nature of Business/
Occupation Office Phone Number Fax Number **6. DETAILS OF NEXT OF KIN**Surname Other Name(s) First Name Date of Birth Gender F ☐ M ☐ Title (Specify) Relationship Mobile Number 1 Mobile Number 2 E-mail Address **Contact Details**House Number Street Name Nearest Bus Stop/Landmark City/Town Local Govt. Area State **7. ADDITIONAL DETAILS**I Name of Beneficial Owner(s) (If any) II Spouse's Name (If applicable) III Spouse Date of Birth Spouse Occupation IV Sources of Fund to the Account 1
2 Expected Annual Income from Other Sources V Name Of Associated Business(es) (If any) 1.
2.
3. VI Type of Business VII Business Address

ACCOUNT HELD WITH OTHER BANKS :

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

9. TERMS AND CONDITIONS

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

10. ACCOUNT MANDATE

(Please tick as appropriate)

a. Category of Account:

Joint Account ☐ Fixed Investment Account ☐ Other Types of Account ☐

Account Type:

Current Account ☐ Fixed Deposit Account ☐ Savings Account ☐ Dormitory Account ☐

\$	€	¥	£	Others

b. Account Name _____

c. Account No. (for official use only)

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

e. Signatories:

i. Name:

Surname _____

First Name _____

Other Name _____

Class of Signatory _____

Identification Type: _____

Identification No: _____

Telephone Number _____

Signature & Date _____

PHOTO

FOR BANK USE ONLY

Name _____

Signature _____

FOR BANK USE ONLY

Name _____

Signature _____

11. DECLARATION:

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

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

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

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

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

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

MARK OF CUSTOMER/
THUMBPRINT

MAGISTRATE /
COMMISSIONER FOR OATHS

DATE:

NAME OF INTERPRETER:

ADDRESS OF INTERPRETER:

TEL. NO.

LANGUAGE OF INTERPRETATION:

FOR BANK USE ONLY**I. REQUIREMENT CHECKLIST****Savings Account**

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

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

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

2. AUTHENTICATION FOR FINANCIAL INCLUSION

- i. Is the customer socially or financially disadvantaged? YES ☐ NO ☐
- ii. If answer to the (i) above is yes, state other documents obtained in line with the bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77 (4) of AML/CFT Regulation, 2013
-
-
-
-
- iii. Does the Customer enjoy tiered KYC requirements? YES ☐ NO ☐
- iv. If answer to question (iii) above is yes, identify the customer risk category:
- Low Risk ☐ Medium Risk ☐ High Risk ☐

3. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person? YES ☐ NO ☐

For Bank Use Only:

A. ACCOUNT OPENED BY:

Name:

Signature: Date:

Name:

Signature: Date:

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

Name

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

COMMENT(S)(Address description and result finding):

.....

.....

.....

D. ACCOUNT OPENING AUTHORIZED/ APPROVED BY:

Name

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

ACCOUNT OPENING FORM - ENTITIES (Incorporated and Non-Incorporated)

(Please indicate the business category and type of account to open by ticking the applicable box below)

Category of business:

Limited Liability Company ☐ Partnership ☐ Sole proprietorship ☐ MDA's ☐ Schools ☐ Others ☐

Account Types:

Current Account ☐ Fixed Deposit Account ☐ Domicillary Account

S	e	y	e	others
---	---	---	---	--------

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

ACCOUNT No. (for official use only)

BRANCH _____

I. COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Special Control Unit against Money Laundering (SCUML) Reg. No:

2. ANNUAL TURNOVER

(a) Less than N50 Million ☐ N50 Million - Less than N500 Million ☐ N500 Million - Less than N5 Billion ☐ Above N5 Billion ☐

(b) Is Your Company Quoted on any Stock Exchange? Yes ☐ No ☐

(c) If answer to question (b) is yes, indicate which Stock Exchange and the Stock Symbol:

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

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

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

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

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

Statement Preferences: Email ☐ Post ☐ Collection at Branch ☐ Statement Frequency: Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐

Cheque Book Requisition: (Fees applies) Opened Cheque ☐ Crossed Cheque ☐ 25 Leaves ☐ 50 Leaves ☐ 100 Leaves ☐

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes ☐ No ☐

[illegible]

4. CHEQUE CONFIRMATION THRESHOLD

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

*In line with extant law and existing regulation

5. ACCOUNT SIGNATORY'S DETAILS

1. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M ☐ F ☐

Nationality (for non-Nigerians)

Means Of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation Status/Job Title

Position/Office of the Officer

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/ Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

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

Signature Date

2. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M ☐ F ☐

Nationality (for non-Nigerians)

Means Of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation Status/Job Title

Position/Office of the Officer

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/ Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

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

Signature Date

3. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M ☐ F ☐

Nationality (for non-Nigerians)

Means Of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation Status/Job Title

Position/Office of the Officer

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/ Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

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

Signature Date

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

1. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M ☐ F ☐

Means of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation

Status/Job Title

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/ Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

2. Surname: Other Name:

First Name: Mother's Maiden Name:

Date of Birth: Gender: M ☐ F ☐

Means of Identification: ID Number:

ID Issue Date: ID Expiry Date:

Biometric ID No:

Occupation:

Status/Job Title:

Residential Address:

House Number: Street Name:

Nearest Bus Stop/Landmark:

City/ Town:

Local Govt. Area:

State:

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

E-mail Address:

3. Surname: Other Name:

First Name: Mother's Maiden Name:

Date of Birth: Gender: M ☐ F ☐

Means of Identification: ID Number:

ID Issue Date: ID Expiry Date:

Biometric ID No:

Occupation:

Status/Job Title:

Residential Address:

House Number: Street Name:

Nearest Bus Stop/Landmark:

City/ Town:

Local Govt. Area:

State:

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

E-mail Address:

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

Title Surname

First Name Other Name

Marital Status (Please tick) Single ☐ Married ☐ Others (please specify) Gender F ☐ M ☐

Date of Birth Place of Birth

Mother's Maiden Name

Nationality (for non Nigerian) Resident permit No.

Permit Issue Date Permit Expiry Date

L.G.A State of Origin

Tax Identification Number (TIN)

II. CONTACT DETAILS

Business/Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

III. MEANS OF IDENTIFICATION

National ID Card ☐ National Driver's License ☐ International Passport ☐ Valid INEC Voters Card ☐ * Others (please specify)

ID No ID Issue Date ID Expiry Date

Biometric ID No:

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

IV. DETAILS OF NEXT OF KIN

Surname Other Name

First Name Gender F ☐ 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:

1. Name of affiliated company/body: 1.

2.

3.

2. Parent Company's Country of Incorporation

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

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

8. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

..... Bank Pic

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

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

Thank you.

Yours faithfully,

Authorized Signature of the Customer /Representative & Date

Authorized Signature of the Customer /Representative & Date

9. LETTER OF INDEMNITY

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

10. ACCOUNT OPENING MANDATE

a. **Category of Account:** (Please tick as appropriate)

Joint Account ☐ Fixed Investment Account ☐ Other Types of Account ☐

Account Type:

Current Account ☐ Fixed Deposit Account ☐ Savings Account ☐ Domiciliary Account ☐

\$ € ¥ £ Others

b. Account Name

c. Account No.

d. Mandate authorisation/Combination rule (Please tick as appropriate):

Sole Signatory ☐ Two or more ☐ If two or more are to Sign, please specify

e. Signatories:

i. Name:

Surname

First Name

Other Name

Class of Signatory

Identification Type:

Identification No:

Telephone Number

Signature & Date

PHOTO

FOR BANK USE ONLY

Name

Signature

FOR BANK USE ONLY

Name

Signature

ii. Name:

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

PHOTO

FOR BANK USE ONLY

Name _____

Signature _____

FOR BANK USE ONLY

Name _____

Signature _____

iii. Name:

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

PHOTO

FOR BANK USE ONLY

Name _____

Signature _____

FOR BANK USE ONLY

Name _____

Signature _____

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

11. TERMS AND CONDITION

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

12. DECLARATION

CUSTOMER INFORMATION

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

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

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

 Director (Name and Signature)

 Director/Secretary (Name and Signature)

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

Name: _____
 Status: _____
 Signature: _____ Date:

D	M	Y	M	Y	Y	Y

 Name: _____
 Status: _____
 Signature: _____ Date:

D	M	Y	M	Y	Y	Y

Company Seal here

14. IN THE PRESENCE OF:

Name _____

[illegible]

Address

[illegible]

Occupation

[illegible]

Signature _____

=====

Date _____

D D		H H		T T Y Y			

FOR BANK USE ONLY

I. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Copy of CAC Certificate of Registration				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Companies)				
6.	(a) Form C07 Particulars of Directors (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
7.	(b) Form C02 Allotment of Shares (Certified true copies by the Registrar of Companies and a certification by a Notary 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)				

A. ACCOUNT OPENED BY:Name

Signature: Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature: Date:

D	D	M	M	Y	Y	Y	Y

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

Signature: Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature: Date:

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:Name

Signature: Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature: Date:

D	D	M	M	Y	Y	Y	Y

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

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.....

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D. ACCOUNT OPENING AUTHORISED/ APPROVED BY:Name

Signature: Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature: Date:

D	D	M	M	Y	Y	Y	Y