

Social Media Handles Facebook Twitter (X) Instagram Others

Contact Details

House Number	Street Name
Nearest Bus Stop	
City/Town	Local Govt. Area
Phone Number 1	State
Email Address	
Class of Signatory	Signature _____ Date DD MM YY YYYY

2. Title

First Name	Surname _____
Other Name(s)	
Mother's Maiden Name	Gender <input type="checkbox"/> F <input type="checkbox"/> M Date of Birth DD MM YY YYYY
Marital Status (Please Tick) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (Specify) BVN _____	
NIN _____	Nationality _____
State of Origin _____	LGA _____
Means of Identification National ID Card <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Card <input type="checkbox"/> Others <input type="checkbox"/> (Please specify)	
ID Number _____	ID Issue Date DD MM YY YYYY ID Expiry Date DD MM YY YY
Occupation (Specific not generic) _____	Religion _____ Y
Social Media Handles Facebook Twitter (X) Instagram Others	

Contact Details

House Number	Street Name _____
Nearest Bus Stop	
City/Town	Local Govt. Area _____
Phone Number 1	State _____
Email Address	
Class of Signatory	Signature _____ Date DD MM YY YYYY

**6. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTERS/EXECUTORS/ADMINISTRATORS/PRINCIPAL OFFICERS
(NOT SOLE PROPRIETORSHIP)**

1. Title

First Name	Surname _____
Other Name(s)	
Mother's Maiden Name	Gender <input type="checkbox"/> F <input type="checkbox"/> M Date of Birth DD MM YY YYYY
Marital Status (Please Tick) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (Specify) BVN _____	
NIN _____	Nationality _____
Dual Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No Please State If US Citizen Please provide Social Security Number	
State of Origin _____	LGA _____
Means of Identification National ID Card <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Card <input type="checkbox"/> Others <input type="checkbox"/> (Please specify)	
ID Number _____	ID Issue Date DD MM YY YYYY ID Expiry Date DD MM YY YY
Percentage Holding _____	
Occupation (Specific not generic) _____	Religion _____
Social Media Handles Facebook Twitter (X) Instagram Others	

Contact Details

House Number	Street Name _____
Nearest Bus Stop	
City/Town	Local Govt. Area _____
Home Town	State _____
Phone Number 1	Phone Number 2 _____
Email Address	
Signature _____	Date DD MM YY YYYY

2. Title

First Name	Surname _____
Other Name(s)	

Mother's Maiden Name							Gender	<input type="checkbox"/> F	<input type="checkbox"/> M	Date of Birth	<input type="checkbox"/> DD	<input type="checkbox"/> MM	<input type="checkbox"/> YY	<input type="checkbox"/> YY							
Marital Status (Please Tick)	<input type="checkbox"/> Single <input type="checkbox"/> Married Others (Specify) _____						BVN														
NIN							Nationality														
Dual Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No Please State						If US Citizen Please provide Social Security Number														
State of Origin							LGA														
Means of Identification	National ID Card			<input type="checkbox"/>	International Passport			<input type="checkbox"/>	Driver's License			<input type="checkbox"/>	Voter's Card			<input type="checkbox"/>	Others			<input type="checkbox"/>	(Please specify)
ID Number							ID Issue Date	<input type="checkbox"/> DD	<input type="checkbox"/> MM	<input type="checkbox"/> YY	<input type="checkbox"/> YY	ID Expiry Date	<input type="checkbox"/> DD	<input type="checkbox"/> MM	<input type="checkbox"/> YY	<input type="checkbox"/> YY					
Percentage Holding																					
Occupation (Specify not generic)							Religion														
Social Media Handles	Facebook			Twitter (X)			Instagram			Others											
Contact Details																					
House Number				Street Name																	
Nearest Bus Stop																					
City/Town							Local Govt. Area														
Home Town							State														
Phone Number 1							Phone Number 2														
Email Address																					
Signature													Date	<input type="checkbox"/> DD	<input type="checkbox"/> MM	<input type="checkbox"/> YY	<input type="checkbox"/> YY				

7. DETAILS OF SOLE PROPRIETORSHIP

Employment Details

<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Other	(Please specify)
Employer's Name						Date of Employment (Please Specify)
						<input type="checkbox"/> DD <input type="checkbox"/> MM <input type="checkbox"/> YY <input type="checkbox"/> YY <input type="checkbox"/> YY
Employer's/Employment Address (Even if self employed)			Street Number			
Street Name						
City/Town						
Nearest Bus Stop						
LGA				State		
Nature of Business						
Phone Number 1						
Next of Kin Details						
Title		Surname				
First Name						

Other Name(s)										
Relationship		Gender	F <input type="checkbox"/>	M <input type="checkbox"/>						
Phone Number		Date of Birth	D <input type="checkbox"/>	D <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>
Street Number		Street Name								
Nearest Bus Stop										

8. ADDITIONAL DETAILS

1. Name of affiliated Company/Body
 1.
 2.
 3.
2. Parent Company's Country of Incorporation

9. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH REPORT

First Ally Trust Microfinance Bank
 No 32, Ikorodu Road
 Jibowu, Lagos

Dear Sir,

I/We hereby authorize you to debit my/our account with the sum of ₦_____ being the legal cost of search conducted on our account by the Corporate Affairs Commission.

Yours faithfully,

Authorised Signatory

Authorised Signatory

10. JURAT

I agree to abide 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

D D M M Y Y Y Y

Name of Interpreter

Address of Interpreter

Telephone Number

Language of Interpretation

MANDATE

		Signature	Photograph
Title (Mr. Mrs etc)			
Name			
Designation			
Signatory Type			
Title (Mr. Mrs etc)			
Name			
Designation			
Signatory Type			
Title (Mr. Mrs etc)			
Name			
Designation			
Signatory Type			
Title (Mr. Mrs etc)			
Name			
Designation			
Signatory Type			
Mandate Authorisation/ Combination Rule		Company Seal/Stamp Required (Specify Company Seal/Stamp if required)	Yes <input type="checkbox"/> No <input type="checkbox"/>

11. CHECKLIST

Please complete all relevant portions of the Application Form and Account Openning mandate and return the package along with the following documents.

CORPORATE (LIMITED LIABILITY COMPANY)

1. Two passport photographs of each of the signatories with their names and signature at the back.
2. ID Cards of signatories (International/Driver's license).
3. Certified True Copy of Certificate of Incorporation. Articles and Memorandum of Association.
4. Forms CO2 & C07 (Particulars of Director).
5. Board Resolution.
6. Two detachable reference forms duly completed by Corporate Organizations Operating current accounts.
7. Two signature cards duly completed by the signatories.
8. Current Utility Bill e.g. (Electricity Bill or Water Rate Bill, Telephone Bill or Receipt of Rent or Tenement Payment).
9. Resident permit (where applicable).

ENTERPRISE

1. Certificate of Incorporation/ Registration.
2. All other registration papers.
3. Two passport photographs of each of the signatories with their names and signatures at the back.
4. ID cards of signatories (International Passport/Driver's license).
5. Two detachable reference forms duly completed by similar Enterprise/Corporate or Organisation operating current accounts.
6. Two signature card duly completed by the signatories.
7. Current Utility Bills e.g.(Eletricity bill or Water Rate Bill, Telephone Bill or Receipt of Rent or Tenement Payment).
8. Resident permit (where applicable).

ASSOCIATION, CLUBS, COOPERATIVES, RELIGION BODIES

1. Two passport photographs of each of the signatories with their names and signatures at the back.
2. ID cards of signatories (International Passport/Driver's license).
3. Copy of Certificate of Registration.
4. Board/Council Resolution.
5. Two detachment reference forms to be duly completed by Church or Corporate bodies maintaining accounts with banks in Nigeria.
6. Current Utility Bills e.g.(Eletreclicity Bill or Water Rate Bill, Telephone Bill or Receipt of Rent or Tenement Payment).

12. CORPORATE RESOLUTIONS

At a meeting of the Board of Directors/Governing Council of _____ whose registered office is at _____ held _____ day of _____, 20 ____

The following resolutions were passed:

1. That First Ally Trust Microfinance Bank Limited (held in after called "the Bank") be and is here appointed; banker to the company organization,
2. That Bank be and is hereby instructed to honor and pay all cheques, drafts or order expressed to be drawn on behalf of the company / organization upon the company's / organization account with the Bank, and all bills and exchange are promissory notes made payable at the Bank and expressed to be accepted on behalf of the company at any time or times, whether the bank account or accounts of this company are over drawn by the payment thereof for or are in credit or otherwise.
3. That the Bank be instructed to act on any instruction with regard to the purchase or sale of other dealings in securities or document of the company/organization in every case whether the accounts or the company/organisation is or are in debit (but without prejudice to Bank's right to refuse to allow any or increase of over draft beyond any specified limit from time to time) provided that the same are signed by the authorised signatories.
4. That until the Bank receives any written notice by way of the company's/organisation resolution to the contrary; the Bank be instructed to honor signature(s) appearing hereunder for all purpose on company's / organization account as mandated above.
5. That these resolution be communicated to the Bank and remain in force until rescinded by a resolution in writing given to the Bank and signed by the chairman and secretary of this company, organisation.
6. That the authority signature are stated the column below are hereby authorized on behalf of the company/organisation:
 - (a) Borrow money and to obtain credit for the company from the Bank on any terms and to make any deliver notes drafts, acceptance, instrument of guarantee, agreement and any other obligation of the company/organisation thereof in a form satisfactory to the Bank.
 - (b) Grant security in and/or pledge, assign and deliver as security for money borrowed on credit obtained, stocks, bonds, instruments, bills, receivable, accounts, mortgage, merchandise bills of lading, warehouse receipts and other documents, insurance policy, certificates, any other property now after or hereafter held by or belonging to the company/organisation with full authority to endorse, assign or guarantee any of the same in the name of the Bank.
 - (c) Discount any bills receivable or any payment held by the company/organisation with full authority to endorse the same in the name of the Bank.
 - (d) Withdraw from the Bank and give receipt for or to authorise the Bank to deliver to the bearer or to one or more designated persons, all or any document and securities or other property held by it whether held as collateral security or for the safe keeping or for other purpose.
 - (e) Request the Bank to purchase or sell for the account of the company/organisation stocks, bond other purpose.
 - (f) Execute and deliver all security and other agreements, financial statements and other papers required by the Bank in connection with any of the foregoing matters and affix to them the seal of the company/organisation where necessary.
7. That the Bank be promptly notified in writing by the secretary or other of the company/organisation or any resolution which changes these resolutions, such notice to be given to each branch of the Bank in which any account of the company/organisation may be maintained and until the Bank has actually received such notice in writing, it is authorised to act in pursuance of these resolutions, and that until it has actually received such notice sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means as it may deem appropriate, to notify such of its departments, officers, branches and correspondents as the Bank may deem to be concerned thereby, it shall be indemnified and deemed harmless from any loss suffered or liability incurred by it in continuing to act in pursuance of these resolutions, though these resolutions may have been changed.
8. That any all withdrawals and borrowing of money and or order transactions had on behalf of the company/organisation with the Bank are hereby ratified, confirmed and approved and that the Bank may rely upon the authority conferred by this resolution until receipt by it of a certified copy of a resolution of the Board / Governing Council revoking or modifying the same.

13. COMPANY MANDATE

TO: FIRST ALLY TRUST MICROFINANCE BANK LIMITED

Name of Company/Organisation _____

Registered Office _____

Address for correspondence _____

Dear Sir,

1. We the undersigned request you to open a current account in the name of:
2. We hereby certify that the following are the resolutions adopted by the Board of Directors/Governing Council of
..... on and not subsequently rescinded or modified and that the said company association in general meeting has not imposed any restriction and condition on the exercise by the board of Directors/Governing Council of any powers to borrow money or to invest the funds of the company/organisation onto issue debentures or otherwise.
3. That any sum(s) standing to the debit of the current account shall be liable to interest charges at the rate fixed by the Bank from time to time. You are authorised to debit the account with your banking charges, interest, commissions, etc.
4. That our attention has to the necessity of the safe guarding of our cheque book so that unauthorized persons are unable to have access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to our account and I shall exempt the Bank from liability thereof
5. That you may initiate or roll-over/invest on our behalf any monies standing to the credit of any account in anyone of your investment securities namely: Time Deposits, Treasury Bills, Bankers acceptances of Guaranteed Commercial Papers until contrary instruction are given by us provided that you shall honor them and all cheques issued by us if there are sufficient funds in our account to cover the value of the cheques.
6. That in addition to any general lien or similar right to which you as Bunker may be entitled to by law may at anytime and without notice to us combine or consolidate all any of our account with liabilities to you and set off or transfer any sum or sums standing to the credit of any or more of such accounts or any other credit, be it cash, cheque, valuables, deposits, securities, negotiable instruments or assets belonging to us with you in or towards satisfactions of any of our liabilities to you or any other account or in other respect whether such liabilities present or future be actual or contingent, primary or collaterals, several or joint.
7. To hold you free from any responsibility for any loss of funds deposited with you due to any future Government order law, levy, tax, embargo, exchange restrictions or other cause beyond your control.
8. To accept as due notification any notice or change in conditions governing the account directed to our last known address and to be bound by such change.
9. That if a cheque paid into our account is returned dishonored, the same may be transmitted to us through the last known address either by bearer or by post.
10. We agree that the Bank is not liable whatsoever for funds handed to cash officers and teller outside banking hours except as may be otherwise agreed in writing.
11. We agree that you may at your absolute discretion close of anytime account(s) with you upon giving seven(7) days notice in writing to us at our address for correspondences given

Director/Chairman of Governing Council

Signature & Date

Secretary

Signature & Date

COMPANY SEAL/ STAMP

14. TERMS & CONDITIONS

Date _____

FIRST ALLY TRUST MICROFINANCE BANK LIMITED

_____ BRANCH

Dear Sir.

Please open a Current Account in my/our name
I/We request and authorise you unless I/We give notice in writing to the contrary, to honor all cheques or other order to the said accounts for the time being in credit to or may become over drawn, in consequence of such debit in consideration which I/We agree.

1. To be responsible for repayment of any such overdraft with interest accruing thereon together with any usual banking charges, interest and commissions.
2. To assume full responsibility for the genuine, correctness and validity of all endorsements appearing on all c;heque. orders, bills note, negotiable instruments and receipts or other documents deposited in my account.
3. To hold you free from any responsible for any loss of funds deposited you due to any of future government order, law, levy, tax embargo exchange restriction or any other cause beyond your control.
4. To accept as due notification any notice of change in condition governing the account directed to my last know address and to be bond by such change.
5. That if a cheque credited to my/our individual current account is returned dishonor. the same may be transmitted to me through the last know address either by bearer or by post.
6. That my/our attention has been drawn to the necessity of safe guarding my cheque book so that unauthorized persons are unable to access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to my account and I shall exempt the bank from liability thereof.
7. I/We agree that the Bank will not accept liability whatsoever for funds handed to cash officer and tellers outside banking hours.
8. I/We accept and agree you are not bound to honor any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheque and I understand and agree that any such cheques maybe return to me unpaid. But if I paid, I am obligated to repay the bank demand with interest thereon.
9. I/We agree that I will notify you of any disagreement with entries on my Bank statementwithin-15 days of the dispatch of the bank statement.
Non receipt by the Bank of notice of disagreement of entries within 15 days from the dispatch of my Bank statement.
10. I/We understand that any sums standing to debit of the current account shall be liable to interest charges at the rate fixed by the bank from time to time. You are authorised to debit from the account your usual banking charges, interest commission etc. and any sum wrongly credited to my account and to take such steps to recover such sum with interest thereon.
11. I/We agree that you may initiate or roll-over/re-invest on my behalf any monies standing to the credit of any account in any one of your investment securities, namely; Time Deposit, Treasury Bills, Bankers acceptance or Guaranteed Commercial Papers until contrary instruction are given by me provided that you shall honor on demand all cheque issued by me if there are sufficient funds in my account to cover the value or the cheque.
12. I/We agree that in addition to addition to any general lien or similar right to which you as bankers may be entitled to by law you may at anytime and without notice to me combine or consolidate all or any accounts with liabilities to you and of a transfer any sum or sums standing to the credit of any on or more of such account or any other credit, be it such, cheque valuables, deposit. Securities negotiable instrument of any other inst rument or any other assets belonging to me with you in or towards satisfaction of any of my liabilities present or future be actual or contingent, primary or collateral. Several of joint.
13. I/We agree that you may at you absolute discretion close at any time my account(s) with you upon given 7days notice in writing to me at my address for correspondence given above or such other as may be notified from time to time by me in writing to you.
14. I/We agree that you treat the above authority as continuing until you receive notice in writing to the contrary.

Date this Day of 20.....

Signature..... Name and Address.....

Witness Signature..... Name and Address.....

REFERENCE FORM

From (Referee)

Name

Date.....

Address.....

Phone Number.....

To: **FIRST ALLY TRUST MICROFINANCE BANK LIMITED**

Dear Sirs,

The above named individual/Company/Association wishes to open a Current Account with you. The individual/ Company/Association is well known to me/us and I/We consider them suitable to maintain a Current Account

Our / My Bankers are:

Name of Bank	Branch
.....
.....
.....
.....	
(TO BE COMPLETED BY BANK OFFICIAL)	
FROM: FIRST ALLY TRUST MICROFINANCE BANK LIMITED	
TO: (Referee's Bank)	
Please verify the signature(s) of your customer as above Signed	
(TO BE COMPLETED BY BANK OFFICIAL)	
FROM:	
TO: FIRST ALLY TRUST MICROFINANCE BANK	
.....
Signature and Stamped by Authorised Signature	Signature and Stamped by Authorised Signature

****CAUTION** IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL KNOWN TO YOU**

REFERENCE FORM

From (Referee)

Name

Date

Address

Phone Number

To: **FIRST ALLY TRUST MICROFINANCE BANK LIMITED**

Dear Sirs,

NAME OF APPLICANT

The above named individual/Company/Association wishes to open a Current Account with you. The individual/Company/ Association is well known to me/us and I/We consider them suitable to maintain a Current Account with you.

Our / My Bankers are:

Name of Bank	Branch
.....
.....
.....
.....	
(TO BE COMPLETED BY BANK OFFICIAL)	
FROM: FIRST ALLY TRUST MICROFINANCE BANK LIMITED	
TO: (Referee's Bank)	
Please verify the signature(s) of your customer as above Signed	
(TO BE COMPLETED BY BANK OFFICIAL)	
FROM:	
TO: FIRST ALLY TRUST MICROFINANCE BANK LIMITED	
.....
Signature and Stamped by Authorised Signature	Signature and Stamped by Authorised Signature

****CAUTION** IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL KNOWN TO YOU**

ACCOUNT OPENING (FOR BANK USE ONLY)

S/N	DOCUMENT OBTAINED	REQUIRED DATE	DATE RECEIVED	N/A
1	Collection of Account Opening Forms			
2	Submission of Account Opening Forms			
3	Identification (a) Notary's Certificate (b) International Passport (c) Driver's License (d) National ID Card/Voter's Card			
4	Verification of Signature			
5	Signature of Cards			
6	Passport Photographs			
7	Waived Documentation			
8	What Document is Deffered			
9	Deferral Period			
10	KYC Form			
11	Utility Bill / Receipt			
12	Search Report			
13	Address Verification Form			

	Account Officer:	Sign	Date
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Customer Service Officer		
Opened By	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Sign	Date
Business Manager	<input type="text"/>	<input type="text"/>
Approved by HOP	<input type="text"/>	<input type="text"/>
Reviewed by	<input type="text"/>	<input type="text"/>