

ACCOUNT OPENING FORM
(INCORPORATED AND NON-INCORPORATED)



This form should be completed in CAPITAL LETTERS.

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

Limited Liability Company Partnership Sole Proprietorship MDA s Schools Others (Please specify)

Account type

Current Aspire DBXA Basic DBXA Growing DBXA Est. DSXA Fixed Deposit Accounts

Domiciliary Accounts. USD \$ GBPE EURO€ Yen¥ Others (please specify)

Branch Name

Referral Code

Account No. (for official use only)

Account Name

1. Company Details (Please complete in BLOCK LETTERS and tick where necessary)

Company/ Business Name

Cert. of Incorp./ Reg. No Date of Incorporation/ Registration

Jurisdiction of Incorporation/ registration Special Control Unit against Money Laundering (SCUML) Reg. No

Which gender owns and controls 51% or more of the business: Male Female

Type/Nature of Business Sector/ Industry

Operating Business Address 1 City

Country Zip/Postal Code

Operating Business Address 2 City

Country Zip/Postal Code

Business Address/Registered Office (if different from above)

Email address

Website (if any)

Office Number Mobile Number

Tax Identification Number (TIN) CRMB No/Borrower's Code (where applicable)

2. Annual Turnover

(a) Less than N50million N50million – Less than N500million N500million – Less than N5billion N5billion and above

(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 options below)

Card Preference: Master Card Visa Card Others (specify)

Electronic Banking Preference: Internet Banking Mobile Banking ATM/POS Other Electronic Channels specify (fees may apply)

Transaction Alert: Email Alert (free) SMS Alert (fees apply)

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

Cheque book Requisition:Opened Cheque Crossed Cheque Cheque Leaves Required: 25 Leaves 50 Leaves 100 Leaves

4. Cheque Confirmation Threshold

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

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

5a. Power of Attorney

Holder Name

Address

Country

Nationality

Telephone Number

5b. Authority To Debit Account For Corporate Search Fee

Diamond Bank Plc  
PGD's Place , Plot 4, Block V,  
BIS Way, Oniru Estate, Victoria Island, Lagos  
Dear Sir/Madam,

AUTHORITY TO DEBIT OUR 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 Signatory of the Customer/Representative & Date

Authorized Signatory of the Customer/Representative & Date

6. Letter Of Idemnity

I/ We.....hereby apply for the opening of account(s) with Diamond 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 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.....

7. Terms and Condition

1. Diamond Bank Plc is in compliance with the provisions of the Foreign Account Tax Compliance Act (FATCA). FATCA requires notification to the US Internal Revenue Service and other actions on certain transactions conducted on accounts belonging to USA Nationals, Residents and persons with addresses in the USA. Account holder hereby consents to the above.
2. In compliance with the regulations of the Central Bank of Nigeria (CBN), Diamond Bank is obligated to CBN cases involving the issuance of dishonoured cheque(s). The account holder hereby consents to such disclosure and further undertakes to always fund his account(s) to accommodate all cheques issued. It is an offence to issue a dishonoured cheque.

8. Declaration

I/We hereby apply for the opening of account(s) with Diamond 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 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 .....is hereby affixed

this.....day of .....20/.....in the presence of

Director

NameSignature

Director

NameSignature

9. Signed, Sealed & Delivered By The Within Named Persons

Name

Status

Signature

Name

Status

Signature

Company Seal Here

Power of Attorney

Holder Name

Address

Country

Nationality

Telephone Number

11. Requirement Checklist

For Bank Use Only

S/N	Document Required	Checked	Deferred	Waived
1	Duly completed account opening form			
2	Duly completed specimen signature card			
3	Copy of CAC certificate of registration			
4	Board resolution			
5	Copy of Memorandum and Articles of Association (Certified as true copy by the Registrar of companies)			
6	Form CO7 Particulars of Directors (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)			
7	Form CO2 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 size photograph of each signatory to the account with name written on the reverse side			
12	Introduction letter (where applicable)			
13	Status report for bankers (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 names appear on the account opening form/document (Preferred Identity cards are International 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 satisfactorily completed reference forms			
25	Copy of the audited financial statements			
26	Others (please specify)			

12. Account Opened By

Account Officer	<div></div>
Status	<div></div>
Signature	<div></div> <div>Date</div> <div><div>D</div><div>D</div></div> <div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
PBO	<div></div>
Status	<div></div>
Signature	<div></div> <div>Date</div> <div><div>D</div><div>D</div></div> <div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

13. Deferral/Waiver Of Document (if any) Authorized By

Name	<div></div>
Status	<div></div>
Signature	<div></div> <div>Date</div> <div><div>D</div><div>D</div></div> <div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Name	<div></div>
Status	<div></div>
Signature	<div></div> <div>Date</div> <div><div>D</div><div>D</div></div> <div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

14. Account Opening Authorized/Approved By

Name	<div></div>
Status	<div></div>
Signature	<div></div> <div>Date</div> <div><div>D</div><div>D</div></div> <div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Name	<div></div>
Status	<div></div>
Signature	<div></div> <div>Date</div> <div><div>D</div><div>D</div></div> <div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

15. Confirmation/Waiver of Address Verification

CAV Required: Yes ☐ No ☐ If NO, customer's address confirmed by:

Name of Staff	<div></div>	Staff ID	<div></div>
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16. PEP Details

Are the applicants politically exposed persons? Yes ☐ No ☐