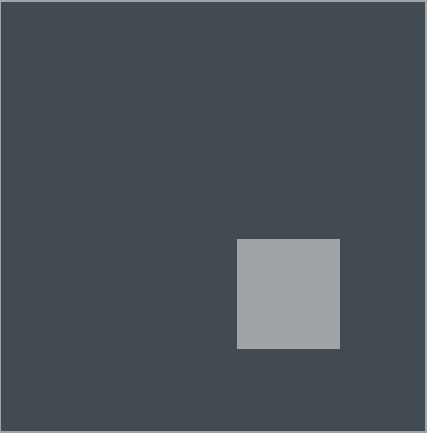


ACCOUNT
OPENING
DOCUMENTATION

CORPORATE



Estimated 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: _____

Account Service(s) Required (Please tick applicable option below)

- Corporate Internet Banking Preference: *GAPS- Lite **GAPS
- E-mail Statement Naira Debit Card Dollar Debit Card Dollar Credit Card
- E-mail Alert SMS Alert (Charges apply) Mobile Money Token (Charges apply)

- Checked e-banking services are available when the account is opened (3rd party transfers on e-channel will require a token).

Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition (Fees Apply): Crossed Cheque 25 Leaves 50 Leaves 100 Leaves 200 Leaves

* GTBank Automated Payment System - Lite (GAPS - Lite) is a secure web-based service that provides a sole signatory with 24/7 online real time access to the Corporate account and other financial services, using secured connections over the internet.

** GTBank Automated Payment System (GAPS) is a secure web-based service that facilitates the processing of Vendor, Supplier or Payroll payment in batches or single payment, using secured connections over the internet.

Cheque Confirmation

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

Cheque Confirmation Threshold: (If the answer to the above is yes, please note that the minimum confirmation threshold is currently N500,000.00)

If you would like to have a higher threshold for pre-confirmation, please specify the amount: (N)

(In line with extant law and existing regulation)

Key Contact Person(s)

1. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:

2. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:

3. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:

GTMAX

Please tick and sign your preferred option



GTMAX SILVER

Account Features

- Minimum Opening amount is N150,000:00
- Minimum Account Balance is N100,000:00
- Zero Current Account Maintenance Fee
- Attractive Interest Rate
- PLEASE NOTE THE CONDITIONS APPLICABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N100,000:00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month and no interest will be paid on the account for that month.

The account opening amount must be paid into the account immediately it is opened.

Signature

Date

GTMAX GOLD

Account Features

- Minimum Opening amount is N500,000:00
- Minimum Account Balance is N250,000:00
- Zero Current Account Maintenance Fee
- Attractive Interest Rate
- PLEASE NOTE THE CONDITIONS APPLICABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N250,000:00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month and no interest will be paid on the account for that month.

The account opening amount must be paid into the account immediately it is opened.

Signature

Date

GTMAX PLATINUM

Account Features

- Minimum Opening amount is N1,000,000:00
- Minimum Account Balance is N500,000:00
- Zero Current Account Maintenance Fee
- Attractive Interest Rate
- PLEASE NOTE THE CONDITIONS APPLICABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N500,000:00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month and no interest will be paid on the account for that month.

The account opening amount must be paid into the account immediately it is opened.

Signature

Date

Details of Account Signatory 1:

Title: Surname:

(Please specify)
First Name:

Other Name(s):

Marital Status: Single Married Others: (please specify) Gender: Male Female

Date of Birth: Day Month Year Country of Birth:

Mother's Maiden Name:

Name of Next of Kin:

L.G.A of Origin: (Nigerians only) State of Origin: (Nigerians only)

Tax Identification No.: (If available)

Means of Identification: Identification Number:

ID Issue Date: Day Month Year ID Expiry Date: Day Month Year

Occupation: Status/Job Title:

Position/Office of the Signatory:

Nationality: Nigerian Others (Please specify) _____

Resident Permit No.: (for non-Nigerians) Permit Issue Date: Day Month Year

Permit Expiry Date: Day Month Year Bank Verification ID No.:

Do you have residency or citizenship of other country: Yes No If yes, which country: _____

Social Security No.:

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State:

Mailing Address: (If different from the Residential Address)

Mobile No.: Phone No.:

E-mail Address:

I hereby attest that the above information is true and complete

Signature: _____ Date: Day Month Year

Official use only

Verified By (Full name) _____

Signature: _____ Date: Day Month Year

Details of Account Signatory 2:

Title: Surname:

(Please specify)
First Name:

Other Name(s):

Marital Status: Single Married Others: (please specify)
(please tick ✓ as appropriate) Gender: Male Female

Date of Birth: Day Month Year Country of Birth:

Mother's Maiden Name:

Name of Next of Kin:

L.G.A of Origin: (Nigerians only) State of Origin: (Nigerians only)

Tax Identification No.: (if available)

Means of Identification: Identification Number:

ID Issue Date: Day Month Year ID Expiry Date: Day Month Year

Occupation: Status/Job Title:

Position/Office of the Signatory:

Nationality: Nigerian Others (Please specify) _____

Resident Permit No.: (for non-Nigerians) Permit Issue Date: Day Month Year

Permit Expiry Date: Day Month Year Bank Verification ID No.:

Do you have residency or citizenship of any other country: Yes No If yes, which country: _____
Social Security No.:

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State:

Mailing Address: (if different from the Residential Address)

Mobile No.: Phone No.:

E-mail Address:

I hereby attest that the above information is true and complete

Signature: _____ Date: Day Month Year

Official use only

Verified By (Full name) _____

Signature: _____ Date: Day Month Year

Details of Account Signatory 3:

Title: Surname:

(Please specify)

First Name:

Other Name(s):

Marital Status: Single Married Others: Gender: Male Female

(please tick '✓' as appropriate) (please specify)

Date of Birth: Country of Birth:

Day Month Year

Mother's Maiden Name:

Name of Next of Kin:

L.G.A of Origin: State of Origin:

(Nigerians only) (Nigerians only)

Tax Identification No.:

(if available)

Means of Identification: Identification Number:

ID Issue Date: ID Expiry Date:

(Nigerians only) Day Month Year Day Month Year

Occupation: Status/Job Title:

Position/Office of the Signatory:

Nationality: Nigerian Others (Please specify) _____

Resident Permit No.: Permit Issue Date:

(for non-Nigerians) (for non-Nigerians) Day Month Year

Permit Expiry Date: Bank Verification ID No.:

(for non-Nigerians) Day Month Year

Do you have residency or citizenship of any other country: Yes No If yes, which country: _____

Residential Address Social Security No.:

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State:

Mailing Address:

(if different from the Residential Address)

Mobile No.: Phone No.:

E-mail Address:

I hereby attest that the above information is true and complete

Signature: _____ Date:

Day Month Year

Official use only

Verified By (Full name) _____

Signature: _____ Date:

Day Month Year

Details of the Directors/ Executives/Promoters/ Principal Officers

1.

Title: Surname:

(Please specify)

First Name:

Other Name(s):

Date of Birth: Country of Birth:

Day Month Year

Gender: Male Female Mother's Maiden Name:

Means of Identification: Identification Number:

ID Issue Date: ID Expiry Date:

Day Month Year Day Month Year

Occupation: Status/Job Title:

Nationality: Nigerian Others (Please specify) _____

Do you have residency or citizenship of any other country: Yes No If yes, which country: _____

Is your shareholding equal or greater than 10% : Yes No Bank Verification ID No:

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State : Social Security No.:

Mailing Address:

(If different from the Residential Address)

Mobile No.: Phone No.:

E-mail Address:

Signature: _____ Date:

Day Month Year

2.

Title: Surname:

(Please specify)

First Name:

Other Name(s):

Date of Birth: Country of Birth:

Day Month Year

Gender: Male Female Mother's Maiden Name:

Means of Identification: Identification Number:

ID Issue Date: ID Expiry Date:

Day Month Year Day Month Year

Occupation: Status/Job Title:

Nationality: Nigerian Others (Please specify) _____

Do you have residency or citizenship of any other country: Yes No If yes, which country: _____
Is your shareholding equal or greater than 10% : Yes No Bank Verification ID No: _____

Residential Address

House/Plot Number: _____ Street Name: _____

Nearest Bus Stop/Landmark: _____

City/Town: _____ L.G.A: _____

State : _____ Social Security No.: _____

Mailing Address: _____
(If different from the Residential Address)

Mobile No.: _____ Phone No.: _____

E-mail Address: _____

Signature: _____ Date: _____
Day Month Year

3.

Title: _____ Surname: _____
(Please specify)

First Name: _____

Other Name(s): _____

Date of Birth: _____ Country of Birth: _____
Day Month Year

Gender: Male Female Mother's Maiden Name: _____

Means of Identification: _____ Identification Number: _____

ID Issue Date: _____ ID Expiry Date: _____
(Nigerians only) Day Month Year Day Month Year

Occupation: _____ Status/Job Title: _____

Nationality: Nigerian Others (Please specify) _____

Do you have residency or citizenship of any other country: Yes No If yes, which country: _____

Is your shareholding equal or greater than 10% : Yes No Bank Verification ID No: _____

Residential Address

House/Plot Number: _____ Street Name: _____

Nearest Bus Stop/Landmark: _____

City/Town: _____ L.G.A: _____

State : _____ Social Security No.: _____

Mailing Address: _____
(If different from the Residential Address)

Mobile No.: _____ Phone No.: _____

E-mail Address: _____

Signature: _____ Date: _____
Day Month Year

Additional Details

1. Name of affiliated company:

Country of incorporation:

2. Name of affiliated company:

Country of incorporation:

3. Name of affiliated company:

Country of incorporation:

Accounts held with other banks

S/N	Name and Address of Bank/Branch	Account Name	Account Number	Status : Active/Dormant
1				
2				
3				
4				

Authority to debit account for search fee

Guaranty Trust Bank plc

.....

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,

Name and Authorized Signature of the Customer /Representative & Date

Name and Authorized Signature of the Customer /Representative & Date



Guaranty Trust Bank plc
RC 152321

To: The Manager,
Guaranty Trust Bank plc

Dear Sir,

Name of company

I/We wish to confirm that I/We have known the above named company and its Directors for _____ years and would like to comment on their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with: (Please state name of Bank) _____

Address of Bank: _____

My/Our Account No. is:

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

And my/our Phone No(s). is/are: _____

Yours faithfully,

Signature

Date

--	--

--	--

--	--	--	--

Day Month Year

Name of Referee: _____

Address of Referee: _____



Guaranty Trust Bank plc
RC 152321

To: The Manager,
Guaranty Trust Bank plc

Dear Sir,

Name of company

I/We wish to confirm that I/We have known the above named company and its Directors for _____ years and would like to comment on their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with: (Please state name of Bank) _____

Address of Bank: _____

My/Our Account No. is:

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

And my/our Phone No(s). is/are: _____

Yours faithfully,

Signature

Date

--	--

--	--

--	--	--	--

Day Month Year

Name of Referee: _____

Address of Referee: _____

Please note:

1. Referees must be a current account holder either in GTBank or any other bank.
2. Referee's account must not be less than six (6) months old.
3. Salary account holder(s) are not suitable referees.

Please note:

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

Please note:

1. Referees must be a current account holder either in GTBank or any other bank.
2. Referee's account must not be less than six (6) months old.
3. Salary account holder(s) are not suitable referees.

Please note:

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

Account Opening Mandate

a. Mandate authorisation/Combination Rule (Please tick as appropriate):

Sole Signatory

Two or more

If two or more to sign, please specify

b. Signatories

i. Title:

(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory

(Please indicate class in the box provided)

Please affix
passport photo

Signature: _____

Date:

Day

Month

Year

ii. Title:

(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory

(Please indicate class in the box provided)

Please affix
passport photo

Signature: _____

Date:

Day

Month

Year

iii. Title:

(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory

(Please indicate class in the box provided)

Please affix
passport photo

Signature: _____

Date:

Day

Month

Year

Terms and Conditions

We, the within named company hereby request and authorise you to:

1. Open a Guaranty Trust Bank plc current account in our name:
2. Honour all cheques or other orders which may be drawn on the said account until the Bank receives a written notice to the contrary, provided such cheques or orders are signed by the authorized signatories as stated in our Mandate Card and to debit such cheques or orders to the said account and in consideration we hereby irrevocably and unconditionally agreed and undertake as follow:
 - a. To assume full responsibility for the genuineness or correctness and validity of all signatures and/or other documents to deposited in respect of our account with the Bank.
 - b. That advances to the Company by way of overdraft discount, loan mortgage or otherwise credit facilities in any other form, as well as the issuance of guarantees by you from time to time may be requested by any authorized signatory(ies) specified below.
 - c. That the Bank may at any time without notice, notwithstanding any settlement of account of any matter whatsoever combine or consolidate all or any of the then existing accounts(s) opened in the name of the company or a related party and set-off, appropriate or transfer any such sum(s) standing to the credit of any such account(s) towards the satisfaction of any liabilities of the company whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint.
 - d. "Related Party" means an entity that is: a subsidiary or an affiliate of the company; or an individual (person) that is a director/shareholder of the company; or an entity in which the company is a shareholder.
 - e. That in the absence of any directive to the contrary, any account(s) subsequently opened in the name of the Company shall be operated and dealt with upon the terms set out above in so far as the same may be applicable.
 - f. That no liabilities whatsoever shall be ascribed to the Bank for funds handed to staff of the Bank outside banking hours or outside the Bank's premises, unless by specific agreement in writing with the Bank, and we hereby indemnify and keep the Bank indemnified against all loss, claim, damage or action that may arise therefrom.
 - g. That we have been notified by the Bank and we are aware of the necessity of safeguarding our cheque book and other banking instruments so that unauthorized persons are unable to gain access to the cheque book and any of the other banking instruments as failure or negligence on our part may lead to any loss arising therefrom, for which we shall be solely responsible and the Bank is hereby absolved of all responsibilities.
 - h. That we shall notify the Bank of any disagreement with entries on our Bank statement within 15 days of receipt of the Bank statement via any medium including but not limited to electronic mail, printed statement or internet banking screen shot, failing which the Bank is expressly permitted to assume that the statement is correct, and that we have no objections.
 - i. That the Bank may close any of our accounts with the Bank, 7 days after dispatch of notice in writing, of the Bank's intention to do so, to us at our last known address.
 - j. That the Bank may act on any instruction to counter and/or revoke any cheque, draft or other instrument before payment is effected.
 - k. That we hereby indemnify and keep the Bank indemnified against all loss, claim, damage, action, liability or request for repayment of any loss or damage to funds, instruments or documents deposited with the Bank, which occurs as a result of any Government order, law, levy, tax, embargo, moratorium, exchange restriction and/or other causes beyond the Bank's control.
 - l. That all funds standing to our credit in our accounts are payable on demand only in such currency as they were remitted or deposited.
 - m. That we shall be bound by any notification of change in conditions governing our account(s) which is communicated or sent to us at our last known address and such notice, letter or correspondence shall be considered as delivered 7 days from the date of dispatch, and its content shall be binding.
 - n. That the Bank is under no obligation to honour any cheques drawn on this account unless there is sufficient fund in the account to cover the value of the said cheques, and we understand and agree that such cheque may be returned to us unpaid. In the event that such cheque(s) is/are honored and paid for any reason whatsoever, we hereby undertake to pay the Bank on demand the value of said cheques, plus bank charges, interest or fees as the Bank may require.
 - o. That where the Bank, in its absolute discretion, has reasonable grounds to suspect that any cheque, instruction or instrument purportedly issued by us contains any fraudulent element of whatsoever nature, the Bank may refuse to honor such instrument.

3. I/We agree as follows:
 - a. That we will make a maximum of five withdrawals per month. That in any month we make more than 5 withdrawals, current account maintenance fee of N1/mille will be applied on all the transaction for the month.
 - b. That we will not make any withdrawals against the minimum account balance. That in any month our account goes below the minimum account balance, interest benefits on the account for that month will be forfeited and a current account maintenance fee of N1/mille will be applied on all the transaction for the month.
4. We hereby affirm that we are aware that it is crime under the laws of the Federal Republic of Nigeria to issue cheques without sufficient funds in our account in the value of our cheques and we hereby undertake to bear all consequences and/or liabilities arising from our instructions to the Bank to pay on cheques drawn on our account where such account is not sufficiently funded with the value of our cheques.
5. We also agree that in addition to any general lien or similar right which you may as bankers may be entitled to by law, you may at anytime and without notice to us combine or consolidate all or any of our account liability to you and set-off or transfer any sum(s) standing to our credit in any one or more of such other respect, towards the satisfaction of any liability of the company whatsoever, whether such liability be actual or contingent, primary or collateral and several or joint.
6. We undertake that we shall not release cash to or issue cheques in favour of any staff of the Bank, or transfer money into the account of any staff of the Bank. In the event that we write such cheques or make such transfers, the Bank is hereby indemnified against all loss, claim, damage, action, liability or request for repayment which may arise therefrom;
7. Foreign currency cash withdrawals from my/our accounts shall be subject to availability
8. We acknowledge that the Bank consults with various bureaus and reference agencies, and may be required to disclose the Company's information to these credit bureaus for the purpose of conducting checks on the Company. We hereby irrevocably and unconditionally grant our consent to the Bank and expressly authorizes such disclosure of any or all information on our account(s)/transaction(s) with the Bank, to such credit bureau and reference agencies whether based locally or abroad, including information on our Directors and other personnel, transactions and conduct on the account together with details of any non-payment or delayed payments as the Bank may deem necessary. The consent herein given discharges the Bank from all liabilities, claims, and damages for such disclosure made by the Bank to any credit bureau pursuant to the consent herein granted.
9. Subject to the provisions of all laws, rules and/or regulations, the customer hereby agrees that the Bank or any of its subsidiaries and/or affiliates can share information related to their account(s) with any domestic or overseas regulators or tax authorities where necessary to establish their tax liability in any jurisdiction. Where required by any domestic or overseas regulators or tax authorities, the customer agrees that the Bank may withhold and pay out from their account(s) such amounts as may be required according to applicable laws, rules and regulations.

Credit Bureau

I/We acknowledge that the Bank consults with various credit bureaus and reference agencies, and may be required to disclose the firm's information to these credit bureaus for the purpose of conducting checks on the firm. I/We hereby irrevocably and unconditionally grant our consent to the Bank and expressly authorizes such disclosure of any or all information on my/our account(s) transaction(s) with the Bank, to such credit bureau and reference agencies whether based locally or abroad, including information on our partners and other personnel, transactions and conduct on my/our account together with details of any non-payment or delayed payments as the Bank may deem necessary. The consent herein given discharges the Bank from all liabilities, claims, and damages for such disclosure made by the Bank to any credit bureau pursuant to the consent herein granted.

FOR BANK USE ONLY

Customer Segmentation

Customer Classification Code: Description: _____

Economic Sector Code: Description: _____

Type of Depositor Code: Description: _____

Risk Classification

Low Risk Medium Risk High Risk

Authentication for Politically Exposed Persons

Is the customer a Politically Exposed Person? Yes No

If yes, please provide details: _____

Customer Address Verification/ Call Memo (if applicable)

Address Visited: _____

Comment on Location - Landmarks: _____

Location - Colour of building: _____

Location - Description of building: _____

Full Name of Visiting Staff: _____ Signature: _____
Day Month Year

Certification

I hereby confirm that the information contained herein is correct and a true representation of the Customer's profile

Full Name: _____ Signature: _____
Day Month Year

Deferral/Waiver of Documents (if any) authorised by

Full Name: _____ Signature: _____
Day Month Year

Documents Required

	Checked	Deferred <small>(Please specify deferral period)</small>	Waived
1) Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
2) Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

- | | | | | |
|---|--------------------------|--------------------------|-------|--------------------------|
| 3) Copy of CAC Certificate of Registration | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 4) Board Resolution | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 5) Copy of Memorandum and Articles of Association
(certified as True copy by the Registrar of Companies) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 6) Form C07 Particulars of Directors
(certified as True copies by the Registrar of Companies
and a certification by a Notary Public for Foreign Companies) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 7) Form C02 Allotment of Shares
(certified as True copies by the Registrar of Companies
and a certification by a Notary Public for Foreign Companies) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 8) Two (2) passport sized photographs of each Signatory to the
account with name written on the reverse side | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 9) Introduction Letter (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 10) Status Report from Banker (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 11) Resident Permit or work permit (for non-Nigerians) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 12) Evidence of Registration with Nigerian Investment Promotion
Council (NIPC) (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 13) Evidence of Registration with Special Control Unit on
Money Laundering (SCUML) (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 14) Search Report | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 15) Power of Attorney (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 16) Letter of Indemnity (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 17) Proof of Company Address | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 18) Business Premises visitation certificate | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 19) 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) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 20) 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) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 21) Two satisfactorily completed reference forms. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 22) Copy of the audited Financial statements | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 23) Others (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

Account Opening Authorised

A/C Manager's Code:

A/C Opened by: Name: _____ Signature : _____ Date: _____
CIS

Approved by: Name: _____ Signature : _____ Date: _____
OPERATIONS HEAD

