ACCOUNT OPENING DOCUMENTATION UNINCORPORATED SOCIETIES/CLUBS/ ASSOCIATIONS
ACCOUNT OPENING FORM – ENTITIES
Form B (Unincorporated Societies/ Clubs/ Associations)

**Category of business:**
(Tick as appropriate)
- Society
- Club
- Association
- Others: (Please specify)

**Account Type**
(Tick as appropriate)
- Current
- Deposit
- Domiciliary Account
- Others: (Please specify)

This form should be completed in CAPITAL LETTERS.
Characters and marks should be similar in style to the following: A B C □

**Branch:**

**ACCOUNT NUMBER** (for Official Use Only)

### Details of Entity (Please complete in BLOCK LETTERS and tick where necessary)

- **Name of Society/ Club/ Association:**

- **Registration Number:**

- **Date of Registration:**
  - Day
  - Month
  - Year
  - Jurisdiction of Registration:

- **Type or Nature of Society/ Club/ Association:**

- **Operating Address 1:**

- **Operating Address 2:**

- **Registered Address:**
  (If different from above)

- **Local Govt. Area:**

- **State:**

- **Email Address:**

- **Website (if any):**

- **Mobile Number:**
  - Phone Number:

- **Tax Identification Number (TIN):**
  (Where applicable)

### Estimated Annual Turnover

- Less than N50 Million
- N50 Million – Less than N500 Million
- N500 Million – Less than N5 Billion
- Above N5 Billion
Account Service(s) Required (Please tick applicable option below)

Internet Banking Preference: Internet Banking ☐ GAP5 ☐ GAP5-Lite ☐

E-mail Statement ☑ Naira Debit Card ☐ Dollar Debit Card ☐ Dollar Credit Card ☐

E-mail Alert ☑ SMS Alert (Charges apply) ☑ Mobile Money ☐ Token (Charges apply) ☑

* Kindly note that your account will be debited with a fee as cost for your Card(s) once the account is opened.
* Checked e-banking services are available when the account is opened (3rd party services 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 (GAP5 - 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 (GAP5) 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)

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 __________

Place 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 you hold)

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)

Social Security No.: __________________________

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: __________________________
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 Number: 
Phone Number: 
E-mail Address: 

I hereby attest that the above information is true and complete 

Signature: ___________________________ Date: ____________

Verified By (Full name) ___________________________ 

Signature: ___________________________ Date: ____________

Details of Account Signatory 2:

Title: 
Surnames: 
First Name: 
Other Name(s): 

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

Date of Birth: ___________________________ Place of Birth: ___________________________ 

Mother’s Maiden Name: ___________________________ 

Name of Next of Kin: ___________________________ 


Tax Identification No.: ___________________________ 

Means of Identification: ___________________________ Identification Number: ___________________________ 

ID Issue Date: ___________________________ ID Expiry Date: ___________________________ 

Day Month Year Day Month Year 

Occupation: ___________________________ Status/Job Title: ___________________________ 

Position/Office of the Signatory: ___________________________ 

Nationality: Nigerian Others (Please specify) 

Resident Permit No: ___________________________ Social Security No: ___________________________ 

Day Month Year Day Month Year Day Month Year 

Permit Issue Date: (for non-Germans) ___________________________ Permit Expiry Date: (for non-Germans) ___________________________ 

Bank Verification ID No: ___________________________ 

Do you have residency or citizenship of any other country? Yes No If yes, which country: ___________________________
**Residential Address**

<table>
<thead>
<tr>
<th>House/Plot Number:</th>
<th>Street Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nearest Bus Stop/Landmark:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City/Town:</th>
<th>L.G.A:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
</tr>
</thead>
</table>

**Mailing Address:**

(If different from the Residential Address)

<table>
<thead>
<tr>
<th>Mobile Number:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail Address:</th>
</tr>
</thead>
</table>

I hereby attest that the above information is true and complete

Signature: ___________________________  Date: \[ \]

**Official use only**

Verified By (Full name) ___________________________  Date: \[ \]

Signature: ___________________________  Date: \[ \]

**Details of Account Signatory 3:**

**Title:**

<table>
<thead>
<tr>
<th>(Please specify)</th>
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<table>
<thead>
<tr>
<th>Surname:</th>
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<table>
<thead>
<tr>
<th>First Name:</th>
</tr>
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</table>

**Other Name(s):**

<table>
<thead>
<tr>
<th>Marital Status: Single</th>
<th>Married</th>
<th>Others: (Please specify)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Female</th>
</tr>
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</table>

**Date of Birth:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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</table>

<table>
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<tr>
<th>Place of Birth:</th>
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<table>
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<tr>
<th>Mother's Maiden Name:</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Next of Kin:</th>
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<table>
<thead>
<tr>
<th>L.G.A of Origin: (Nigerian only)</th>
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<table>
<thead>
<tr>
<th>State of Origin: (Nigerian only)</th>
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</thead>
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<table>
<thead>
<tr>
<th>Tax Identification No.:</th>
</tr>
</thead>
</table>

(If available)

<table>
<thead>
<tr>
<th>Means of Identification:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identification Number:</th>
</tr>
</thead>
</table>

**ID Issue Date:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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<tr>
<th>ID Expiry Date:</th>
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</table>

**Occupation:**

<table>
<thead>
<tr>
<th>Status/Job Title:</th>
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<table>
<thead>
<tr>
<th>Position/Office of the Signatory:</th>
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<table>
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<tr>
<th>Nationality:</th>
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<tr>
<th>Nigerian</th>
<th>Others</th>
<th>(Please specify)</th>
</tr>
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</table>

**Resident Permit No.:**

(For non-Nigerians)

<table>
<thead>
<tr>
<th>Social Security No.:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Permit Issue Date:</th>
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(For non-Nigerians)

<table>
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<tr>
<th>Permit Expiry Date:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Bank Verification ID No.:</th>
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</thead>
</table>

Do you have residency or citizenship of any other country:  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes, which country:</th>
</tr>
</thead>
</table>


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 Number:  
Phone Number:  
E-mail Address:  

I hereby attest that the above information is true and complete

Signature:  

Date:  

Official use only

Verified By (Full name)  

Signature:  

Date:  

Accounts held with other banks

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name and Address of Bank/Branch</th>
<th>Account Name</th>
<th>Account Number</th>
<th>Status - Active/Dormant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>4</td>
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</tr>
</tbody>
</table>
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

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)

Signature: ____________________________ Date: [ ] [ ] [ ]
ii. Title:  
(Please specify)
Surname:  
First Name:  
Other Name(s):  
Class of Signatory  
(Please indicate class in the box provided)

Signature:  
Date:  

iii. Title:  
(Please specify)
Surname:  
First Name:  
Other Name(s):  
Class of Signatory  
(Please indicate class in the box provided)

Signature:  
Date:  

Terms and Conditions

At a meeting of the Club/Society/Association held at ____________________________ on ________, it was resolved that you

1. Open a current Account in the name of our Club/Society/Association of

__________________________

and at any time subsequent to open further account(s) as we may direct.

2. Honour all cheques or other which may be drawn on the said account provided such cheques or orders are signed on behalf of the said Club/Society/Association and to debit such cheques or orders to the said account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse or allow any overdraft or increase of overdraft and in consideration, we agree:

   a. To assume full responsibility for the genuineness or correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiate instruments, receipt and/or other documents deposited in our account

   b. To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank’s rules for the conduct of a current receipt of which we hereby acknowledge.

   c. To free the bank from any responsibility for any loss of or damage to funds deposited with Bank due to any future Government order, law, levy, tax, embargo, moratorium, ex-change restriction and/or all other cause beyond the Bank’s control.

   d. That all funds standing to our credit are payable on demand only in such local currency as may be in circulation.

   e. To be bound by any notification of change in conditions governing the account directed to our last known address and any notice or letter sent to our last known address shall be considered as duly delivered and received by us at the time it would be delivered in the ordinary course of post.

   f. That if a cheque credited to our current account is returned dishonoured, the same may be transmitted to us through our last known address either by bearer or by post.

   g. And we note that the bank will accept no liability whatsoever for funds handed to members of its staff outside banking hours or outside the Bank’s premises.

   h. That our attention has been drawn to the necessity of safeguarding our cheque book so that unauthorised person are unable to gain 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.

   i. That the Bank is under no obligation to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques and we understand and agree that any such cheque(s) may be returned to us unpaid but if paid, we are obliged to repay the Bank on demand.

   j. That any sum standing to debit of the current account shall be liable to interest charges at the current rate by the Bank from time to time. The Bank is authorised to debit from the account the usual banking charges, interest, commissions, and any service charge set by the Bank from time to time.

   p. Foreign currency cash withdrawals from your account shall be subject to availability.

3. We agree to give you notice of any anomalies in the statement of account furnished to us by you within 90 (ninety) days of the date thereof; and we understand and agree that failure to give you such notice shall absolve you of all liabilities arising therefrom.

4. We agree to give you prompt notice in such manner as you may from time to time specify of instruction not to honour any cheques, bills of change, promissory notes, deposit receipts and other orders for the payment of money drawn, endorsed or accepted on our behalf, and indemnify you for loss arising from such non-payment.

5. We also agree in addition to any general lien or similar right to which the Bank may be entitled by law, 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 said Club/Society/Association 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 Club/Society/Association whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint.
6. “Related Party” means an entity that is: a subsidiary or an affiliate of the Club/Society/Association; or an individual (person) that is a member/principal officer of the said Club/Society/Association.

7. We agree that a copy each of the authorising Resolution, Constitution/Rules and Regulations and registration certificate be forwarded to the Bank by the Chairman/President together with specimen signature of officers empowered to sign.

8. We agree that in the event of failure on our part to furnish the Bank with the registration documentation as required by the Bank of us, the Bank may hold the signatories herein specified personally liable for the purpose of the account(s) generally.

9. 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.

10. 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

We acknowledge that the Bank consults with various credit bureaus and reference agencies, and may be required to disclose the Club/Society/Association information to these credit bureaus for the purpose of conducting checks on the Club/Society/Association. 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 partners and other personnel, transactions and conduct on 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.
## Corporate Internet Banking - GAPS

### User Roles & Functions

<table>
<thead>
<tr>
<th>Role Code</th>
<th>Users</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMIN</td>
<td>System Administrator</td>
<td>Responsible for user management and activity audit.</td>
</tr>
<tr>
<td>UPL</td>
<td>Uploader</td>
<td>Initiates all transactions and file upload</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review reports and account information</td>
</tr>
<tr>
<td>REV</td>
<td>Reviewer</td>
<td>1st level review and authorization</td>
</tr>
<tr>
<td>APP</td>
<td>Approver</td>
<td>Must be authorized signatories of the bank account. Structure may be sequential (A → B → C) or non-sequential (Any to sign, either to sign, two to sign, e.t.c)</td>
</tr>
<tr>
<td>VIEW</td>
<td>Viewer</td>
<td>Review end of day activities and reports</td>
</tr>
</tbody>
</table>

### User Contact Information

Kindly provide the details for each user and select role below:

<table>
<thead>
<tr>
<th>First/Last Name</th>
<th>Role Code</th>
<th>Approval Limit</th>
<th>E-mail Address</th>
<th>Mobile Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Token Request

*Note: All users will require tokens to sign in to GAPS

Kindly take this as an authority to issue ______ unit(s) of tokens for our users.

Token should be released to: __________________________
(A duly signed indemnity is required)

Mode of Identification: __________________________
Declaration

We hereby apply for the opening of an account with Guaranty Trust Bank plc. We understand that the information given herein and the documents supplied are the basis for opening such account and We therefore warrant that such information is correct.

We have read the terms and conditions governing the operations of the account which are presented overleaf and agree to be bound by them.

Signed, sealed & delivered by the within named person

1. ___________________________ ___________________________
   Name of Chairman of the said meeting                  Signature
   Day       Month      Year

2. ___________________________ ___________________________
   Name of Secretary                               Signature
   Day       Month      Year

Entity seal (where applicable)

In the presence of:

Name: ___________________________

Address: ___________________________

Occupation: ___________________________

Signature: ___________________________

Date: ___________________________
To:
The Manager,
Guaranty Trust Bank plc,

Dear Sir,

Name of Organisation

We wish to confirm that we have known the executives of the above named firm for

We would like to comment about their suitability for maintaining a current account with yourselves as follows:

We maintain a current account with:

Name of Bank: 
Address:

My/Our Account No. is: 

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

Yours faithfully,

Name: 
Address:

Signature

Date

Day
Month
Year

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 months old.
3. Salary account holder(s) are not suitable referees.

“CAUTION”
IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU
To:
The Manager,
Guaranty Trust Bank plc,

Dear Sir,

________________________________________
Name of Organisation

________________________________________
I/We wish to confirm that we have known the executives of the above named firm for

________________________________________
I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

________________________________________

________________________________________
I/We maintain a current account with:

Name of Bank: __________________________________________

Address: ________________________________________________

________________________________________
My/Our Account No. is: ____________

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

Yours faithfully,

________________________________________
Signature

Date ____________
  Day  Month  Year

Name: _________________________________________________

Address: ______________________________________________

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 months old.
3. Salary account holder(s) are not suitable referees.

"CAUTION"

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

Certification

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

Full Name: ___________________________________ Signature: ________________

Deferral/Waiver of Documents (if any) authorised by

Full Name: ___________________________________ Signature: ____________________________
### Documents Required

<table>
<thead>
<tr>
<th></th>
<th>Checked</th>
<th>Deferred (Please specify deferral period)</th>
<th>Waived</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Account opening form duly completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Specimen signature card duly completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Copy of Certificate of Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Copy of Constitution, Rules and Regulations of the Association etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td>Two (2) passport sized photographs of each Signatory to the account with name written on the reverse side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6)</td>
<td>Introduction Letter (where applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>Status Report from Banker (where applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8)</td>
<td>Resident Permit or work permit (for non-Nigerians)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9)</td>
<td>Evidence of Registration with Special Control Unit on Money Laundering (SCU/ML) (where applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10)</td>
<td>Search Report</td>
<td></td>
<td></td>
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<tr>
<td>11)</td>
<td>Power of Attorney (where applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12)</td>
<td>Letter of Indemnity (where applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13)</td>
<td>Proof of Company Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14)</td>
<td>Business Premises visitation certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15)</td>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16)</td>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17)</td>
<td>Two satisfactorily completed reference forms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18)</td>
<td>Copy of the audited Financial statements (where applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19)</td>
<td>Others (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Account Opening Authorised

A/C Manager’s Code: 

A/C Opened by: Name:__________________________ Signature: ___________________________ Date: ____________

Approved by: Name:__________________________ Signature: ___________________________ Date: ____________