

ACCOUNT OPENING FORM (INCORPORATED AND NON-INCORPORATED)



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

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 Incorpor./
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)

*In line with extant law and existing regulation

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Duly completed specimen signature card	<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 CO7 Particulars of Directors (Certified 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 CO2 Allotment of Shares (Certified 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	Partnership deed (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Approval letter (for Government Agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Act/Gazette (for Government Agency) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Two (2) passport size photograph of each signatory to the account with name written on the reverse side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Introduction letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Status report for bankers (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Resident permit (for non-Nigerians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Evidence of Registration with Nigerian investment Promotion Council (NIPC) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Search report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Power of attorney (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Letter of indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Proof of company address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Business premises visitation certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Two satisfactorily completed reference forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Copy of the audited financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Account Opened By

Account Officer																														
Status																														
Signature																					Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
PBO																														
Status																														
Signature																					Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	

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

Name																														
Status																														
Signature																					Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
Name																														
Status																														
Signature																					Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	

14. Account Opening Authorized/Approved By

Name																														
Status																														
Signature																					Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
Name																														
Status																														
Signature																					Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	

15. Confirmation/Waiver of Address Verification

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

Name of Staff
Staff ID

ACCOUNT SIGNATORY DETAILS

Please complete in BLOCK LETTERS

Account Information

Account Name

Account No.

Personal Information

Title Mr. Mrs. Others (Specify) _____ Marital Status: Single Married Others (Specify) _____

Name (Surname) (First Name) (Other Names)

Date of Birth Sex: Male Female Nationality (For non-Nigerians)

National ID card National Drivers License International Passport INEC Voters Card Others (Specify) _____

ID Number ID issue Date

BVN ID ID Expiry Date

Mother's Maiden Name Occupation

Status/Job Title Position/Office of the Officer

House Number Street Name City/Town

Nearest Bus Stop/LandMark L.G.A.

State Zip/Postal Code

Country Class of Signatory

Email address

Office Number Mobile Number

Nationality Nigerian Others (specify) _____

Residence Permit Number (For foreigners) Permit Issue Date

Permit Expiry Date

Multiple Citizenship YES NO

If YES: please state country(ies)

Foreign Tel Number (if any) Passport/Resident Permit Number

Foreign address (if any) City

Country Zip/Postal Code

Signature Date

Details Of Next Of Kin

Name (Surname) (First Name) (Other Names)

Date of Birth Sex: F M Title (specify)

Relationship

Office Number Mobile Number

Email Address

House Number Street Name City/Town

Nearest Bus Stop/LandMark L.G.A.

State Country

DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTERS/ EXECUTORS/ADMINISTRATORS/PRINCIPAL OFFICERS



Please complete in BLOCK LETTERS

Account Information

Account Name

Account No.

Title Mr. Mrs. Others (Specify) _____ Marital Status: Single Married Others (Specify) _____

Name (Surname) (First Name)

Date of Birth Sex: F M BVN ID

National ID card National Drivers License International Passport INEC Voters Card Others (Specify) _____

ID Number ID issue Date

Place of Issuance ID Expiry Date

Mother's Maiden Name

Occupation Status/Job Title

House Number Street Name

Nearest Bus Stop/LandMark

City/Town L.G.A

State Country

Office Number Mobile Number

Email Address

Nationality Nigerian Others (specify) _____

Residence Permit Number (For foreigners) Permit Issue Date

Multiple Citizenship YES NO Permit Expiry Date

If YES: please state country(ies)

Foreign Tel Number (if any) Passport/Resident Permit Number

Foreign address (if any)

City

Country Zip/Postal Code

Title Mr. Mrs. Others (Specify) _____ Marital Status: Single Married Others (Specify) _____

Name (Surname) (First Name)

Date of Birth Sex: F M BVN ID

National ID card National Drivers License International Passport INEC Voters Card Others (Specify) _____

ID Number ID issue Date

Place of Issuance ID Expiry Date

Mother's Maiden Name

Occupation Status/Job Title

House Number Street Name

Nearest Bus Stop/LandMark

City/Town L.G.A

State Country

Office Number Mobile Number

Email Address

Nationality Nigerian Others (specify) _____

Residence Permit Number (For foreigners) Permit Issue Date

Multiple Citizenship YES NO Permit Expiry Date

If YES: please state country(ies)

Foreign Tel Number (if any) Passport/Resident Permit Number

Foreign address (if any)

City

Country Zip/Postal Code

Title Mr. Mrs. Others (Specify) _____ Marital Status: Single Married Others (Specify) _____

Name (Surname) (First Name)

Date of Birth Sex: F M BVN ID

National ID card National Drivers License International Passport INEC Voters Card Others (Specify) _____

ID Number ID issue Date

Place of Issuance ID Expiry Date

Mother's Maiden Name

Occupation Status/Job Title

House Number Street Name

Nearest Bus Stop/LandMark

City/Town L.G.A

State Country

Office Number Mobile Number

Email Address

Nationality Nigerian Others (specify) _____

Residence Permit Number (For foreigners) Permit Issue Date

Multiple Citizenship YES NO Permit Expiry Date

If YES: please state country(ies)

Foreign Tel Number (if any) Passport/Resident Permit Number

Foreign address (if any)

City

Country Zip/Postal Code

DETAILS OF SOLE PROPRIETOR

Please complete in BLOCK LETTERS

Personal Information

Title Mr. Mrs. Others (Specify) _____ Marital Status: Single Married Others (Specify) _____

Name _____
(Surname) (First Name)

Date of Birth Place of Birth _____

Mother's Maiden Name _____ Nationality _____ Nigerian

State of Origin _____ L.G.A. _____

Tax Identification Number _____ Sex: F M

Nationality _____ Nigerian Others (specify) _____

Residence Permit Number (For foreigners) _____ Permit Issue Date
 Permit Expiry Date

Multiple Citizenship YES NO

If YES: please state country(ies) _____

Foreign Tel Number (if any) _____ Passport/Resident Permit Number _____

Foreign address (if any) _____ City _____

Country _____ Zip/Postal Code _____

Contact Details

Business/Residential Address

House Number _____ Street Name _____

Nearest Bus Stop/LandMark _____ City/Town _____

L.G.A. _____ State _____

Country _____ Mobile Number _____

Phone Number _____ Email Address _____

Means Of Identification

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

ID Number _____ BVN ID _____

ID Issue Date ID Expiry Date

Details Of Next Of Kin

Name _____
(Surname) (First Name)

Date of Birth Sex: F M Title (specify) _____

Relationship _____ Office Number _____

Email Address _____ Mobile Number _____

House Number _____ Street Name _____

City/Town _____

Nearest Bus Stop/LandMark _____ L.G.A. _____

State _____ Country _____

Additional Details

Name of Affiliate Company/Body

1. _____
2. _____
3. _____

Parent Company's Country of Incorporation _____