

ACCOUNT OPENING FORM - CORPORATE ORGANISATIONS & OTHERS



Please complete in BLOCK LETTERS.

Account Information

Account Type (Please tick) Corporate DBXA Basic DBXA Growing DBXA Established Community Savings Govt Agency MFBs PMIs _____ Others (please specify)

Avg. Annual Turnover (Million ₦) 0 – 48 48 – 144 144- 480 Above 480 Applicable only to Domiciliary A/C USD \$ GBP EURO€ _____ Others (please specify)

Corporate Type PLC LTD Enterprise Ass/Club Registered Ass/Club Non Registered Govt Agency Unlimited Partnership _____ Others (please specify)

Referral Code (To be filled during campaigns if referred by existing customers)

Corporate Information

Account Name

Business Address

City L.G.A State

Country of Residence Nigeria Others (Specify) _____ Office Phone

Company E-mail Add.

Date Business Commenced (DD MM YYYY) Date of Incorporation (DD MM YYYY)

Incorporation No. Industry Sector _____

SCUML Reg. No

Main Line of Business _____

Annual Revenue (₦) Tax Identification Number

No. of Employees Import/Export Activity N/A Import Export

Other Banking Relationships _____

Directors' Information

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

Date of Birth (DD MM YYYY) GSM No.

E-mail Address

Mode of Identification Nat. ID NDL Int'l Passport Identification No.

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

Date of Birth (DD MM YYYY) GSM No.

E-mail Address

Mode of Identification Nat. ID NDL Int'l Passport Identification No.

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

Date of Birth (DD MM YYYY) GSM No.

E-mail Address

Mode of Identification Nat. ID NDL Int'l Passport Identification No.

I/we have read and understood the attached Diamond Bank Account terms and conditions. I/we accept and agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/we agree that the bank may debit my/our account for service charges as applicable from time to time

Authorised Signatory

Date

Authorised Signatory

Date

Bank Use Only

CHECK LIST Required Not Required Deferred/Date (DD MM YYYY)

1. Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Specimen signature cards duly completed by each signatory to the account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Individual means of identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Two independent and satisfactory references (if referee maintains account with DB, the account must be at least six months old; for corporate account holder two referees are needed (either corporate or individuals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Two clear passport photographs of each signatory with name written on the reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Certificate of incorporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Memo and Articles of Association (certified true copies by the Registrar of companies or Director of the company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Partnership Agreement/Deed Certified as true copy by each partner (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Copy of Rules/Constitution/Act Certified as true copy by the President/ Chairman or Secretary of the club/ Association/ Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Certificate of registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Application for registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Form C02, C07 (CAC 2.3); particulars of Directors certified by the registrar of Companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Letter from parastatal/agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Letter from Accountant General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Satisfactory evidence of identity of applicant or signatories of the account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Satisfactory evidence of identity of the Chairman/MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Board resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Utility Bill (PHCN/NITEL/Water Bill) rental receipt or lease agreement issued by reputable estate agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Letter of Administration/ Will (for account of the Estate of the deceased)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Officer's ID

Signature

Account No.

Customer ID No.

Date (DD MM YYYY)

CAV Required Yes No

PEP

Relationship with PEP

Customer IC No.

	Name	Date (DD MM YYYY)	Signature
Approval To Open	<input type="text"/>	<input type="text"/>	<input type="text"/>
Opened By	<input type="text"/>	<input type="text"/>	<input type="text"/>
Verified By	<input type="text"/>	<input type="text"/>	<input type="text"/>
Documentation Confirmed Complete By Control Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>