





## Corporate Account Signatory Form

Account Name  Account Number:

## Signatory Personal Information Form

1. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth  Gender:  Male  Female Marital Status:  Single  Married  Others \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ State of Origin: \_\_\_\_\_ LGA: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Do you have a residency or are you a citizen other than Nigeria?  No  Yes. If Yes, which country? \_\_\_\_\_

Means of Identification: \_\_\_\_\_ ID No: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Biometric ID No: \_\_\_\_\_ Resident's Permit No: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Profession: \_\_\_\_\_ Status/Job Title: \_\_\_\_\_

Residential/Contact Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ Local Govt. Area: \_\_\_\_\_ State: \_\_\_\_\_

### Details of Next of Kin

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth  Gender:  Male  Female Nature of Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

I hereby attest that the above information is true and complete \_\_\_\_\_  
Signature & Date

## Signatory Personal Information Form

2. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth  Gender:  Male  Female Marital Status:  Single  Married  Others \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ State of Origin: \_\_\_\_\_ LGA: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Do you have a residency or are you a citizen other than Nigeria?  No  Yes. If Yes, which country? \_\_\_\_\_

Means of Identification: \_\_\_\_\_ ID No: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Biometric ID No: \_\_\_\_\_ Resident's Permit No: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Profession: \_\_\_\_\_ Status/Job Title: \_\_\_\_\_

Residential/Contact Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ Local Govt. Area: \_\_\_\_\_ State: \_\_\_\_\_

### Details of Next of Kin

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth  Gender:  Male  Female Nature of Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

I hereby attest that the above information is true and complete \_\_\_\_\_  
Signature & Date



## Director's Personal Information Form

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth         Gender:  Male  Female Marital Status:  Single  Married  Others \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ State of Origin: \_\_\_\_\_ LGA: \_

Email: \_\_\_\_\_ Office Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Do you have a residency or are you a citizen other than Nigeria?  No  Yes. If Yes, which country? \_\_\_\_\_

Means of Identification: \_\_\_\_\_ ID No: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Bank Verification No: \_\_\_\_\_ Resident's Permit No: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Profession: \_\_\_\_\_ Status/Job Title: \_\_\_\_\_

Residential/Contact Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ Local Govt. Area: \_\_\_\_\_ State: \_

## Director's Personal Information Form

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth         Gender:  Male  Female Marital Status:  Single  Married  Others \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ State of Origin: \_\_\_\_\_ LGA: \_

Email: \_\_\_\_\_ Office Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Do you have a residency or are you a citizen other than Nigeria?  No  Yes. If Yes, which country? \_\_\_\_\_

Means of Identification: \_\_\_\_\_ ID No: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Bank Verification No \_\_\_\_\_ Resident's Permit No: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Profession: \_\_\_\_\_ Status/Job Title: \_\_\_\_\_

Residential/Contact Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ Local Govt. Area: \_\_\_\_\_ State: \_

**FOR BANK USE ONLY**

## Document Requirements' Checklist for Corporate Account

Account Name  Account Number:

	Checked	Deferred	Waived	N/A
1. Duly Completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Duly Completed Signature Card	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4. Board Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of Memorandum and Article of Association (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Particulars of Directors (Form C07) (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Allotment of Shares (Form C02) (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Two (2) Passport-Sized Photograph of Each Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Introduction Letter (Where applicable)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

11. Resident Permit (For Non-Nigerians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Evidence of Registration with NIPC (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Evidence of Registration with SCUML (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Power of Attorney (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Letter of Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proof of Company Address (Original or true certified copy acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Business Premises Visitation Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proof of Identity of all Signatories and Directors Whose Names appear on the Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proof of Addresss of all Signatories and Directors whose names appear on the Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. All Signatories and Directors Personal Information Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Other Documents Provided (Partnership deed, approval letter, Act/Gazette, Copy of Audited Financial Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Authorization for Politically Exposed Persons**

Is the applicant a politically exposed person?  Yes  No      Status:  Current  former

Is the applicant a relation to the politically exposed person?  yes  No      If yes, state relationship \_\_\_\_\_

**Account Opened By:**

**Account Opening Authorized By**

Staff ID: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**Deferral/Waiver of Documents Authorized By:**

**Account Opening Approved By**

Staff ID: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_