

Documents Required

- 1. Board Resolution
- 2. Copy of CAC Certificate of Registration
- 3. Copy of Memorandum and Articles of Association
- 4. Forms CO7 Particulars of Directiors
- 5. Form CO2 Allotment of Shares
- 6. Passport Photograph for each signatory
- 7. Proof of identity of all signatories and Directors
- 8. Tax Identification Number (TIN)
- 9. Evidence of registration with SCUML (where applicable)
- 10. Where an entity is listed as a Director or Shareholder, provide particulars of Directors (Form CO7) and Allotment of Shares (Form CO2) of the Entity.
- 11. Two suitable references

ACCOUNT OPENING FORM – ENTITIES Form B (Corporate)

Category of Business (Tick as appropriate)										
Limited Liability Company Others										
(Please specify) Account Type (Tick as appropriate)										
Current										
This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following: A B C										
ACCOUNT NUMBER (for official use only) Branch:										
Company Details (Please complete in BLOCK LETTERS and tick where necessary)										
Company Name:										
Certificate of Incorporation Number:										
Date of registration:										
Day Month Year										
Jurisdiction of Registration: United States of the Landscape of the Landsc										
Type/Nature of Business:										
Sector/industry:										
Operating Business Address 1:										
Operating Business 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): CRM No/Borrower's code:										

(Where applicable)

	Special Control Unit against Money								
	Laundering (SCUML) Reg. No: (where applicable)								
Fati									
Estima	ate Annual turnover								
(a)	Less than N50 Million N50 Million-less than N500 million 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:								
Accou	nt Service(s) Required (Please tick applicable option below)								
Corpo	rate Online 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)								
• Cho	adly note that your account will be debited with a fee as cost for your Card(s) once the account is opened ecked e-banking service are available when the account is opened (3rd party transfers on e-channel will quire a token). opt out of SMS alert an indemnity form must be completed.								
Staten	nent frequency: Monthly Quarterly Semi-Annually Annually								
Chequ 200 Le	te Book Requisition (Fees Apply): Crossed Cheque 25 Leaves 50 Leaves 100 Leaves								
	– Lite is a secure web-based service that provides a sole signatory with 24/7 online real time active the corporate account and other financial service, using secured connections over the internet.								
	**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.								
Chequ	ue confirmation								
Chequ	ue confirmation: Will you like to pre-confirm your cheques? Yes No								
•	ue confirmation threshold: (if the answer to the above is yes, please note that minimum confirn n threshold is currently N500,000.00)								
please	would like to have a higher threshold for pre-confirmation, especify the amount: with extant law and existing regulation)								

Details of Account Signatory 1: Title: Surname: (Please specify) First Name: Other Name(s): Married Others: Gender: Male Marital status: Single (Please tick '√' as appropriate) (Please specify) Country of Birth: Date of Birth: Month Year Day Mother's Maiden Name: State of Origin: L.G.A 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 $Mont\bar{h}$ Year (Nigerians only) Day Year Month Occupation: Status/Job Title: Position/Office of the Signatory: Others Nationality: Nigeria (Please specify)_ **Resident Permit No:** Permit Issue Date: (For Non Nigerians) Month Day Year Permit Expiry Date: Bank Verification No (BVN): (For Non Nigerians) Day Month Year Do you have residency of If yes, which country: Yes No any other country: Social Security No: **Residential Address** Street Name House/Plot Number:

Nearest Bus Stop/Landmark: City/Town: L.G.A: State: Phone number: Mobile number: E-mail address:

I hereby attest that the above information is true and complete					
Signature: Dat	te:	Day	Month		
Official use only		Day	Month	Y	ear
Verified By (Full name)					
Signature: Date	te:	Day	Month	Y	ear
Details of Account Signatory 2		,			
Title: Surname: (Please specify)					
First Name:					
Other Name(s):					
Marital status: Single Married Others: Please tick '✓' as appropriate) Others: Please specify)	Ger	nder:	Male	Fen	nale
Date of Birth: Day Month Year Country of Birth:					
Mother's Maiden Name:					
L.G.A of Origin: (Nigerians only) State of Origin (Nigerians only)	:				
Tax identification No: (If available)					
Means of Identification: Number:					
ID Issue date: (Nigerians only) Day Month Year ID Expiry date: (Nigerians only) Day] [M	onth	Year		
Occupation: Status/Job Title:					
Position/Office of the Signatory:					
Nationality: Nigeria Others (Please specify)					
Resident Permit No: Permit Issue Da (For Non Nigerians)	ate:[Day	Month	Y	ear
Permit Expiry Date: Bank Verification No (BVN (For Non Nigerians) Day Month Year	۷):				
Do you have residency of 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:
Mobile number: Phone number:
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
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: Day Month Year Country of Birth:
Day Month Year Mother's Maiden Name:
L.G.A of Origin: (Nigerians only) State of Origin: (Nigerians only)
Tax identification No: (If available)
Means of Identification: Number:
ID Issue date: ID Expiry date: (Nigerians only) Day Month Year (Nigerians only) Day Month Year
Occupation: Status/Job Title:
Position/Office of the Signatory:
Nationality: Nigeria Others (Please specify)
Resident Permit No: (For Non Nigerians) Permit Issue Date: Day Month Year
Permit Expiry Date: Bank Verification No (BVN): Day Month Year

Do you have residency of Yes No If yes, which country:any other country:
Social Security No:
Residential Address
House/Plot Number: Street Name:
Nearest Bus Stop/Landmark:
City/Town: L.G.A:
State:
Mobile number: Phone number:
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: Date:
Day Month Year
Day Month Year Details of Directors/ Executives/ Promoters/ Principal Officers
Day Month Year
Day Month Year Details of Directors/ Executives/ Promoters/ Principal Officers 1. Title: Surname: University Principal Officers
Details of Directors/ Executives/ Promoters/ Principal Officers 1. Title: Surname: (Please specify)
Details of Directors/ Executives/ Promoters/ Principal Officers 1. Title: Surname: (Please specify) First name:
Details of Directors/ Executives/ Promoters/ Principal Officers 1.
Details of Directors/ Executives/ Promoters/ Principal Officers 1.
Day Month Year Details of Directors/ Executives/ Promoters/ Principal Officers 1.
Day Month Year Details of Directors/ Executives/ Promoters/ Principal Officers 1.
Details of Directors/ Executives/ Promoters/ Principal Officers 1.

Social Security No: Bank Verifiation Number (BVN):											
Residential Address											
House/Plot Number: Street Name:											
Nearest Bus Stop/Number:											
City/Town: L.G.A:											
State:											
Mailing Address: (if different from the Residential Address)											
Nabila Number											
Mobile Number: Phone Number: Phone Number:											
E-mail Address:											
Signature: Date: Day Month Year											
Z. Title: Surname: (Please specify)											
First name:											
Other Name(s):											
Date of Birth: Day Month Year Country of Birth											
Gender: Male Mother's Maiden Name:											
Means of Identification: Number:											
ID Issue date: ID Expiry date: ID Expiry date: (Nigerians only) Day Month Year (Nigerians only) Day Month Year											
Occupation: Status/Job Title:											
Nationality: Nigeria Others (Please specify)											
Do you have residency of Yes No If yes, which country:											
any other country: Social Security No: Bank Verifiation Number (BVN):											
Residential Address											
House/Plot Number: Street Name:											
Nearest Bus Stop/Number:											
City/Town: L.G.A:											
State:											

Mailing Address:		
(if different from the Residential Address)		
Mobile Number: Phone Number		
E-mail Address:		
Signature:	Date:	Day Month Year
3. Title: Surname: (Please specify)		
First name:		
Other Name(s):		
Date of Birth: Day Month Year Country of Birth:		
Gender: Male Female Mother's Maiden Name:		
Means of Identification Number:		
ID Issue date: ID Expiry (Nigerians only) Day Month Year (Nigerians		Day Month Year
Occupation: Status/Job Title:		
Nationality: Nigeria Others (Please specify)		
Do you have residency of Yes No If yes, which country: any other country:		
Social Security No: Bank Verifiation Number (BVN):		
Residential Address		
House/Plot Number: Street Name:		
Nearest Bus Stop/Number:		
City/Town: L.G.A:		
State:		
Mailing Address: (if different from the Residential Address)		
(if different from the Residential Address)		
Mobile Number: Phone Number		
E-mail Address:		
Signature:	Date [Day Month Year

1.	Name of affiliated company:														
	Country of incorporation:												T		
2.	Name of affiliated company:														
	Country of incorporation:														
3.	Name of affiliated company:														
	Country of incorporation:														
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	anty Trust Bank Ltd														
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Guara Dear AUTH	anty Trust Bank Ltd Sir,	JNT FOF	ith th	e appli	cable								rch c	on-	
Dear AUTH We he ducte	Sir, ORITY DEBIT OUR CURRENT ACCOUNTS ereby authorize you to debit our accounts	JNT FOF	ith th	e appli	cable								rch c	on-	
Dear AUTH We he ducte Thank	Sir, ORITY DEBIT OUR CURRENT ACCOUNTS ereby authorize you to debit our acted on our account at the corporate of the corpora	JNT FOF	ith th	e appli	cable								rch c	on-	
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Additional Details

Account Opening Mandate

a. Mandate authorization/combination Rule (please tick as appl	ropriate)	•			
Sole signatory Two or more if two or more to sign, please	specify				
b. Signatories					
i Title: (please specify)		pa	Plea: assport	se affix photo <u>c</u>	
Surname:					
First Name:					
Other Name(s):					
Class of signatory (please indicate class in the box provided)		•			
Signature:	Date:				
		Day	Month	Ye	ear
ii Title: (please specify)		pa	Plea: assport	se affix photog	
Surname:					
First Name:					
Other Name(s):					
Class of signatory (please indicate class in the box provided)					
Signature:	Date:				
	. [Day	Month	Ye	ear
iii Title: (please specify)		pa	Pleas assport	se affix photog	
Surname: First Name:					
Other Name(s):					
Class of signatory (please indicate class in the box provided)					
Signature:	· Date:				
-		Dav	Month	Ye	ear

Terms and Conditions

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

- 1. Open a Guaranty Trust 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 follows:
 - a. To assume full responsibility for the genuineness or correctness and validity of all signatories 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, not withstanding any settlement of account of any matter whatsoever combine or consolidate all or any of the then existing account(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/share-holder of the comapny; 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 Bak, 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 safe-guarding 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 a as result of any Government order, law, levy, tax, embargo, moratorium, exchange restriction and/or other causes beyond the Bank's control.
- 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 lask 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 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 honoured and paid for any reason whatsoever, we hereby undertake to pay the Bank on demend 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 reasonbale 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 honour such instrument.
- p. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.
- q. If a fraudulent activity is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to appropriate law enforcement agencies.
- 3. 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.
- 4. 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-of 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 liablity be actual or contingent, primary or collateral and several or joint.
- 5. We undertake that we shall not release cash to 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;
- 6. Foreign currency cash withdrawals from my/ our accounts shall be subject to availability
- 7. We acknowledged that the Bank consults with various bureaus and reference agencies, and may be required to disclose the Company's informations 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 here in 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.
- 8. 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 be required according to applicable laws, rules and regulations.
- If a breach is associated with the operation of your account/wallet, you agree that we have the right to apply restrictions to your account/ wallet and report to appropriate law enforcement agencies in line wih extant laws.
- 10. I/We agree to protect and fully indemnify the Bank against all claims, liability, damages, expenses and cost, including but not limited to the cost of litigation of any third party claims arising from my/our operating any account with the Bank. Pursuant to my/our aforestated indemnity, we hereby authorize the Bank to debit my/our account with the value of any such claims, liability, damages, expenses and cost arising from my/our operating any account with the Bank.

Credit Bureau

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. 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 bank, to such credit bureau and reference agencies whether based locally or abroad, including information on our partner and other personnel, transaction 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.

Corporate Internet Banking - GAPS

User roles & function

Role Code	Users	Responsibilities
ADMIN	System Administration	Responsible for user management and activity audit.
UPL	Uploader	Initiates all transactions and file uploadReview reports and account information
REV	Reviewer	1st level review and authorization
APP	Approver	 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)
VIEW	Viewer	Review end of day activities and reports

User Contact Information

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

First/Last Name	Role Code	Approval Limit	E-mail Address	Mobile Number

*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) (Name) Mode of identification: _____ Confirmation of Pending Litigation Kindly indicate if there is any pending criminal or civil litigation in which you are a party to: Yes _____ No ____ Abstain _____ If yes, provide details ______

Privacy Policy

The bank takes your privacy seriously and only processes your personal information to make your banking experience better. In accordance with NDPR and other applicable regulations, signing below indicates your consent to the processing of your person data by Guaranty Trust Bank, its strategic partner/service providers, Guaranty Trust Bank's Holding Company and its subsidiaries, as detailed in our privacy policy available at https://www.gtbank.com/privacy-policy

privacy policy available at https://www.gtbank.com/privacy policy			
Signature Date	Month	ear	

Declaration

I/We																										
hereby apply given herein warrant that	and th	e do	cun	nen	ts s	upp	olie																			
We have read overleaf and a									erni	ing	the	e op	era	atio	ns	of t	he a	acc	oun	nt v	vhic	:h aı	re p	ores	ent	ed
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Signature: _																L	Date	⊒.: <u>•</u> 	L Day		Mor	l		Yea	ar	

The Manager, Guaranty Trust
Dear Sir,
Name of Company
I/We would wish to confirm that we have known the above-named Company and its Directors 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 Day Month Year
Name
Address
Name of Director known to the referee

Please note:

To:

- 1. Referees must be a current account holder either in GTCO or any other bank. Referees from other banks must be corporate account holders only.
- 2. Referee's account must not be less than six months old.
- 3. Salary account holder(s) are not suitable referees.

The Manager, Guaranty Trust		
Dear Sir,		
Name of Company		
I/We would wish to confirm that we have known the above-	named Co	mpany and its Directors for
I/We would like to comment about their suitability for maint as follows:	taining a c	urrent account with yourselves
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		
Name of Director known to the referee		

Please note:

To:

- 1. Referees must be a current account holder either in GTCO or any other bank. Referees from other banks must be corporate account holders only.
- 2. Referee's account must not be less than six months old.
- 3. Salary account holder(s) are not suitable referees.

FOR BANK USE ONLY **Customer Segmentation Customer Classification Code:** Description: **Economic Sector Code:** Description: Description: Type of Depositor Code: **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: _____ Month Year Certification I hereby confirm that the information contained herein is correct and a true representation of the customer's profile Signature: _____ Full Name: Month Year Deferral/Waiver of Documents (if any) authorized by Full Name: ______Signature _ Month Day Year Checked Documents Required Deferred Waived (Please specify deferral period) 1. Account opening form duly completed 2. Specimen signature card duly completed 3. Copy of CAC Certificate of registration

5. Copy of Memorandum and Article of Association (certified as True copy by the Registrar of Companies

4. Board Resolution

6.	Copy of Form CO7 Particulars of Directors (certified as True copy by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
7.	Copy of Form CO2 Allotment of Shares (certified as True copy by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
8.	Two (2) passport sized photograph of each Signatory of the account with name written on the reverse side				
9.	Introduction Letter (where applicable)				
10.	Status Report from Banker (where applicable)				
11.	Resident permit or work permit (for non-Nigerians)				
12.	Evidence of registration with Nigeria Investment Promotion Council (NIPC) (where applicable)				
13.	Evidence of registration with Special Control Unit on Money Laundering (SCUML) (where applicable)				
14.	Search Report				
15.	Power of Attorney (Where applicable)				
16.	Letter of Indemnity (Where applicable)				
17.	Proof of Company Address				
18.	Business premises visitation certificate				
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)				
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)				
21.	Two satisfactorily completed reference forms.				
22.	Copy of audited Financial Statements				
23.	Others (Please specify)				
Δε	count Opening Authorised				
A/(Manager's Code:				
Α/0	C Opened by: Name:CIS	Sign	ature:	Date:	
Ар	proved by: Name:	Sign	ature:	_Date:	

OPERATIONS HEAD