



Document required

- 1. Copy of Certificate of Registration
- 2. Copy of Form 2
- 3. Partnership Deed (where applicable)
- 4. Passport Photograph for each signatory
- 5. Proof of Identity of all signatories and proprietor/partners
- 6. Tax Identification Number (TIN)
- 7. Evidence of registration with SCUML (where applicable)
- 8. Two suitable reference

ACCOUNT OPENING FORM – ENTITIES Form B (Sole Proprietorship/Partnership)

Category of Business (Tick as appropriate)					
Sole proprietorship Partnership					
Account Type (Tick as appropriate)					
Current Deposit Domiciliary Account \$ € ¥ f Others Others: Chease specify)					
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:					
Details of entity (please complete in block letters and tick where necessary)					
Business Name:					
Registration Number:					
Date of registration: Day Month Year					
Jurisdiction of Registration:					
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: Phone Number:					
Tax Identification Number (TIN): (Where applicable) CRM No/Borrower's code: (Where applicable)					

Special Control Unit against Money Laundering (SCUML) Reg. No: (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)
Online Banking preference: GAPS GAPS- 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) The pre-checked boxes above are compulsory services as directed by the CBN. If you wish to opt out of these services, kindly request for an indemnity form.
• 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 service are available when the account is opened (3rd party transfers one-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
*GAP – 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 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.
Cheque confirmation
Cheque confirmation: Will you like to pre-confirm your cheques? Yes No
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 minimum confirmation threshold is currently N500,000.00) If you would like to have a higher threshold for pre-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 minimum confirmation threshold is currently N500,000.00)
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 minimum confirmation threshold is currently N500,000.00) If you would like to have a higher threshold for pre-confirmation, please specify the amount:
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 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)
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 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:
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 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)
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 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:
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 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): Gender: Male Female (Please tick ' \(\sigma ' \) as appropriate) (Please specify) Date of Birth: Place of Birth:
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 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): Gender: Male Female (Please tick ' \(\sqrt{'} \) as appropriate) (Please specify)

L.G.A of Origin: State of Origin: (Nigerians only)					
Tax identification No: (If available)					
Means of Identification: Number: Number:					
ID Issue date: ID Expiry date: ID Expiry date: (Nigerians only) Day Month Year (Nigerians only) 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					
Permit Issue Date: Permit Expiry Date: For Non Nigerians Day Month Year (For Non Nigerians) Day Month Year					
Do you have residency of Yes No If yes, which country:any other country:					
Resident Permit No:					
Permit Issue Date: (For Non Nigerians) Day Month Year Permit Expiry Date: (For Non Nigerians) Day Month Year					
Bank Verification No (BVN):					
Residential Address					
House/Plot Number: Street Name: Street Name:					
Nearest Bus Stop/Landmark:					
City/Town: L.G.A: 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: Day Month Year					
Official use only					
Verified By (Full name)					
Signature: Date: Day Month Year					
Details of Account Signatory 2					
Title: Surname: (Please specify)					
First Name:					
Other Name(s):					

Marital status: Single Married Others: Gender: Male Female (Please tick ' \sqrt ' as appropriate) (Please specify)					
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: ID Expiry date: Nigerians only) Day Month Year (Nigerians only) Day Month Year					
Occupation: Status/Job Title:					
Position/Office of the Signatory:					
Nationality: Nigerian Others (Please specify)					
Resident Permit No: Permit Issue Date: Day Month Year					
Permit Expiry Date: Bank Verification No (BVN): Bank Verification No (BVN):					
Do you have residency of Yes No No If yes, which country:					
Social Security No:					
Residential Address					
House/Plot Number: Street Name: Street Name:					
Nearest Bus Stop/Landmark:					
City/Town:					
State:					
Mailing Address: (If different from the Residential Address)					
(II different from the residential Address)					
Naskila nambani ili ili ili ili ili ili ili ili ili i					
Mobile number: Phone 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)					

Details of Account Signatory 3 Title: Surname: (Please specify) First Name: Other Name(s): Gender: Male Marital status: Single Married Others: (Please tick '√' as appropriate) (Please specify) Date of Birth: Country of Birth: Day Month Year Mother's Maiden Name: L.G.A of Origin: State of Origin: (Nigerians only) (Nigerians only) Tax identification No: (If available) Means of Identification Identification: Number: ID Issue date: **ID Expiry date:** (Nigerians only) (Nigerians only) Month Day Day Year Month Year Status/Job Title: Occupation: Position/Office of the Signatory: Others Nationality: **Nigerian** (Please specify)_ **Resident Permit No:** Permit Issue Date: (For Non Nigerians) Day Month Year **Permit Expiry Date:** Bank Verification No (BVN): (For Non Nigerians) 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: Mailing Address: (If different from the Residential Address)

Phone number:

Mobile 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				
Details of Next of Kin	,				
Title: Surname:					
First name:					
Other Name(s):					
Date of Birth: Day Month Year Gene	der: Male Female				
Relationship:					
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:					
Additional Details					
1. Name of affiliated company:					
Country of incorporation:					
2. Name of affiliated company:					
Country of incorporation:					
3. Name of affiliated company:					
Country of incorporation:					

Accounts held with other banks

S/N	Name and Address of Bank/Branch	Account Name	Account Number	Status: Active/Dormant
1				
2				
3				
4				

Authority to debit account for search fee
Guaranty Trust Bank Ltd
Dear Sir,
AUTHORITY 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 authorization/combination Rule (please tick as app	propriate):	:				
Sole signatory Two or more if two more to sign, pleas	se specify					
b. Signatories i Title: (please specify)		р		ease a	ffix togra	ph
Surname: First Name:						<u> </u>
Other Name(s): Class of signatory (please indicate class in the box provided)	Date:] [
Signature:		Day	Mont	h	Year	
ii Title: (please specify)		р		ease a t pho	ffix togra _l	ph
Surname: First Name:						
Other Name(s):						
Class of signatory (please indicate class in the box provided)						
Signature:	_ Date:	Day	Mont] [h	Year	
iii Title: (please specify)		р		ase a t pho	ffix tograp	oh
Surname:						
First Name:		<u> </u>	<u> </u>	$\overline{\Box}$		
Other Name(s): Class of signatory (please indicate class in the box provided)			<u> </u>	ı		1
Signature:	_ Date:	Day	Mont]	Year	

Terms and Conditions

I/We the undersigned being the sole proprietor/ the present individual partners in the above mentioned firm which has been duly registered under the Registration of Business Name Act request and authorize you:

- 1. To open a current account in my/our firm's name.
- 2. To honour all cheques, bill of exchange, promissory notes, deposits, receipts, and other orders, drawn or endorsed and all bills accepted bill to the debit of the amount(s) whether the account the in credit or overdrawn or shall become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft of increase of overdraft and I/we shall be jointly and severally responsible for the payment of any overdraft and interest.
- 3. To deal with any propriety, securities, valuables of documents of title which may be deposited with the Bank by the firm whether for sake keeping or otherwise when instructions to such effects is given to the bank in writing and signed by me/any of the partners or by any other signatories specified below.
- 4. To honour any contract entered into with Bank for the purpose and/or sale of foreign exchange and to deposit other securities with the Bank as security for such contract, I/We further agree to:
 - a. Deliver to the Bank not later than 60 days after the payment of foreign currency or against the firm's import transaction and in any other case not later than 10 days after the arrival of eligible goods in Nigeria, the exchange control of customer Bill of Entry and other allied documents.
 - b. Indemnify the bank against loss damage incurred as a result of failure to provide the required custom Bill of Entry and/or to comply with any Nigerian customs or Exchange control Regulation.
 - c. The debiting of the firm's account or pay on demand to the bank any difference in exchange rate due to fluctuation in rates between the time of instruction and the completion of the transaction.
- 5. I/We agree that advances to the firm by way of overdraft discount, loan mortgage or otherwise credits generally and the issue of guarantees by you from time to time may be arranged by myself or by any other signatory (ies) specified below provided that any document relating thereto, any mortgage pledge or other security documents of title relating thereto secure any such advances and any obligations and any undertakings by myself or by any other signatory (ies) specified below.

- 6. I/We agree that 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 firm's name or related Party and set-off, appropriate of transfer any such sum(s) standing to the credit of any such account(s) towards the satisfaction of any liabilities of the firm whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint.
- "Related party" means an entity that is: a subsidiary or an affiliate of the firm; or an individual (person) that is a proprietor/partner of the firm; or an entity in which the firm is a shareholder.
- 8. I/We agree that in the absence of any directive to the contrary, any account(s) subsequently opened shall be operated and dealt with upon the terms set out above in so far as the same may be applicable.
- 9. I/We agree that the Authority shall remail the force until written notice of revocation shall have been received by the Bank notwithstanding any change in the constitution or name of the firm, provided always, however that the authority under paragraph 5 above may not be revoked except with the Bank's prior written consent and subject to such terms and conditions as the Bank shall determine to impose.
- 10. I/We hereby affirm that I/We are aware that it is crime under the laws of the Federal Republic of Nigeria to issue cheques without sufficient funds in my/our account in the value of my/our cheques and I/We hereby undertake to bear all consequences and/or liabilities arising from my/our instructions to the Bank to pay on cheques drawn on my/our account where such account is not sufficiently funded with the value of my/our cheques.
- 11. Customers should not write out cheques in staff's name. all cheques for deposits should be made out in customer's name.
- 12. Customers should desist from transferring money from their accounts into staff's accounts. Impromptu cash pick at the customer's premises by staff should not exceed N500,000.
- 13. Customers who wish to enjoy cash pick up services should make a formal request which would be handled in accordance with the laid down procedure for cash pick up. Cash in excess of N500,000 should be paid over the country by the customer.
- 14. Foreign currency cash withdrawals from my/ our accounts shall be subject to availability.

- 15. 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 ability in any jurisdiction. Where require by any domestic or overseas regulators or tax authorities, the customer agrees that the deposits, receipts, and other orders, drawn or endorsed and all bills accepted on behalf of the firm and to change the amount of all such orders of accepted on behalf of the firm and to change the amount of all such orders of accepted bill to the debit of the amount(s) whether the account be in credit or overdrawn or shall become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase of overdraft and I/We shall be jointly and severally responsible for the repayment of any overdraft and interest.
- 16. 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 with extant laws.
- 17. 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 claim

arising from my/our operating any account with the bank. Pursuant to my/our aforestated indemnify, we whereby 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

I/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. I/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

Token Request

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) Mode of identification: ____

viode 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
f yes, provide details
Declaration

I/We______ Day Month Year hereby apply for the opening of an account with Guaranty Trust. 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.

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

experience better . In accordance v	d only process your personal informa vith NDPR, GDPR and other applicable ssing of your personal data by Guaran ur Privacy Policy.	e regulations, signing below
1		
Name	Signature	Day Month Year
2		Day Month Year
Name	Signature	Day Month. Tea.
Customer Segmentation	FOR BANK USE ONLY	
Customer Classification Code:	Description:	
Economic Sector Code:	Description:	
Type of Depositor Code:	Description:	
Risk Classification		
Low Risk Medium Risk	High Risk	
Authentication for Politically Expos	sed Persons	
Is the customer a politically exposed	d person? Yes No	
If yes, please provide details:		
Customer Address Verification/Call	Memo (If applicable)	
_		
Location – Description of building:		
Full Name of Visiting Staff:	Signature:	
Certification		·
I hereby confirm that the information Customer's profile	tion contained herein is correct and a	a true representation of the
Full Name:	Signature:	
		Day Month Year
Deferral/Waiver of Documents (if a	ny) authorized by	
Full Name:	Signature	
		Day Month Year

Documents Required

		Checked	(2)	Deferred	Waived
			(Please	specify deferral perior	a)
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				[
3.	Copy of certificate of registration				<u> </u>
4.	Copy of form 2				
5.	Partnership Deed (Where applicable)				
6.	One (1) passport sized photograph of each signatory of the account with name written on the reverse side				
7.	Introduction Letter (where applicable)				
8.	Status Report from Banker (where applicable)				
9.	Resident permit or work permit (for non-Nigerians)				
10.	Evidence of registration with Special Control Unit on Money Laundering (SCUML) (where applicable)				
11.	Search Report				
12.	Power of Attorney (Where applicable)				
13.	Letter of Indemnity (Where applicable)				
14.	Proof of Company Address	H			
15.	Business premises visitation certificate				
16.	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)				
17.	Proof of identity 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)				
18.	Two satisfactorily completed reference forms.				
19.	Copy of the audited financial statements (where applicable)				
20.	Tax Identification Number (TIN)				
21.	Others (Please specify)				
Ac	count Opening Authorised				
A/0	Manager's Code:				
Α/(C Opened by: Name:CIS	Sigr	nature:	Date:	
Δn	proved by: Name:	Siar	nature:	Date:	

OPERATIONS HEAD

The Manager, Guaranty Trust Bank Ltd
Dear Sir,
Name of Company
I/We would wish to confirm that the know the above-named Company and its Directors for
I/We would like to comment about their suitability for maintaining a current account with yourselve 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,
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.

Guaranty Trust Bank Ltd	
Dear Sir,	
Name of Company	
I/We would wish to confirm that the know the above-named Company ar	nd its Directors for
I/We would like to comment about their suitability for maintaining a curr as follows:	rent 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	Day Month Year
Name	
Address	
Name of Director known to the referee	

Please note:

To:

The Manager,

- 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.