

# **Documents Required**

- 1. Copy of Deed of appointment as Trustees
- 2. Board resolution
- 3. Passport Photograph for each signatory
- 4. Proof of identity of all signatories and Directors
- 5. Tax Identification Number (TIN)
- 6. Evidence of registration with SCUML (where applicable)
- 7. Where an entity is listed as a Trustee, provide particulars of Directors (Form CO7) and Allotment of Shares (Form CO2) of the Entity.
- 8. Two suitable references

### ACCOUNT OPENING FORM – ENTITIES Form B (Trustees)

Category of Business (Tick as appropriate)

Trustees

Account Type (Tick as appropriate)

Current Deposit Domiciliary Account \$ € ¥ £ Others (Please specify)
This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following: A B C 🖂
Branch: ACCOUNT NUMBER (for Official Use Only)
Details of Entity (please complete in block letters and tick where necessary)
Name(s) of Customers:
Residential Address:
Mailing Address:
Business/Occupation Address 1:
Business/Occupation Address 2:
Email Address:
Mobile Number:       Phone Number:         Estimate Annual Turnover
Less than N50 MillionN50 Million-less than N500 millionN500 million-less than N5 billionAbove N5 billion
Account Service(s) Required (Please tick applicable option below) Online Banking preference: Internet Banking *GAPS - Lite **GAPS
Online Banking preference: Internet Banking       *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)

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 Requisitio	n (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?

Cheque confirmation threshold: (If the answer to the above is yes, please note that minimum confirmation threshold is currently N500,000.00)

Yes

No

If you would like to have a higher threshold for pre-	confirma	ation	,				
please specify the amount:	(₦)						
(In line with extant law and existing regulation)	L						 

#### Details of Account Signatory/Trustee

1.
Title: Surname: Surname: Place 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
Name of Next of Kin:
Mother's Maiden Name:
L.G.A of Origin: State of Origin: Nigerians only)
Tax identification No:
Means of Identification:
ID Issue date: (Nigerians only) Day Month Year ID Expiry date: (Nigerians only) Day Month Year (Nigerians only) Day Month Year
Occupation: Status/Job Title:
Position/Office of the Signatory:

Nationality:	Nigeria		Othe	ers		(Ple	ease	spec	;ify)											
Resident Permit No: (For Non Nigerians)								Socia Num			ity									
Permit Expiry Date: (For Non Nigerians)	Day N	lonth	Ye	ear	B	ank	Verif	icati	on N	10 (I	3VN	I):								
Do you have residen any other country:	cy of	Yes	No		lf ye	es, w	/hich	cou	Intry	/:										
Residential Address																				
House/Plot Number:			Stre	et N	lame	e:														
Nearest Bus Stop/Lar	ndmark:																			
City/Town:							L.	G.A	:											
State:																				
Mailing Address: (If different from the R	Residenti.	al Addr	ecc)																	
Mobile number:						P	hone	e nu	mbe	er:										
Email Address:											·			•						
I hereby attest that t	he abov	/e info	rmati	on i	s tru	e an	id co	mple	ete											
Signature:											D-+					1				
Signatare											Dat	e. [								
Official use only											Dat	e. [	Da	y	Mo	 onth	] [_ า	<b>、</b>	/ea	
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Official use only											Dat									
<b>Official use only</b> Verified By (Full nam													Da			onth			real real	
Official use only Verified By (Full nam Signature:																				
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Official use only Verified By (Full nam Signature: 2. Title: (Please specify)	ie)																			
Official use only Verified By (Full nam Signature: 2. Title: (Please specify) First Name:	Surnam	ne:	  Oth	ers:			ecify)					re: [		y		onth			Year	
Official use only Verified By (Full nam Signature: 2. Title: (Please specify) First Name: Other Name(s): Marital status: Single (Please tick '√ ' as app Date of Birth:	Surnam	ne:	  Oth	ers: (			ecify) Birth					re: [	Da	y		onth			Year	
Official use only Verified By (Full nam Signature: 2. Title: (Please specify) First Name: Other Name(s): Marital status: Single (Please tick '√ ' as app	Surnam	ne:		ers: (			-					re: [	Da	y		onth			Year	
Official use only Verified By (Full nam Signature: 2. Title: (Please specify) First Name: Other Name(s): Other Name(s): Marital status: Single (Please tick '✓ ' as app Date of Birth: Day Mother's Maiden Na L.G.A of Origin:	Surnam	ne:	  Oth	ers: (			Birth	n:			Dat	e: [	Da	y		onth			Year	
Official use only Verified By (Full nam Signature:	Surnam	ne:	  Oth	ers: (			Birth	n: [			Dat	e: [	Da	y		onth			Year	
Official use only Verified By (Full nam Signature: 2. Title: (Please specify) First Name: Other Name(s): Other Name(s): Marital status: Single (Please tick '✓ ' as app Date of Birth: Date of Birth: Date of Birth: Date of Origin: Mother's Maiden Na L.G.A of Origin: (Nigerians only) Tax identification No	Surnam	ne:	  Oth	ers: (		e of	Birth	n:	erian		Dat	e: [	Da	y		onth			Year	

Occupation: Status/Job Title:
Position/Office of the Signatory:
Nationality: Nigeria Others (Please specify)
Pasidant Darmit Nov
Resident Permit No: Social Security Social Security Number:
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:
Residential Address
House/Plot Number: 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:
Email Address:
I hereby attest that the above information is true and complete
Signature: Date: Date: Date: Day Month Year
Official use only
Verified By (Full name)
Signature: Date: Day Month Year
<b>3.</b>
Title: Surname: Surname: (Please specify)
First Name:
Other Name(s):
Marital status: Single Married Others:
(Please tick ' $\checkmark$ ' as appropriate) (Please specify)
Date of Birth: Day Month Year Country of Birth:
Mother's Maiden Name:
L.G.A of Origin:

Tax identification No:						
Means of Identification:						
ID Issue date:       ID Expiry date:         (Nigerians only)       Day         Month       Year	ay Month Year					
Occupation:						
Position/Office of the Signatory:						
Nationality: Nigeria Others (Please specify)						
Resident Permit No: Social Secur (For Non Nigerians) Number:	rity					
Permit Expiry Date: Bank Verification No ( (For Non Nigerians) Day Month Year	(BVN):					
Do you have residency of Yes No If yes, which country: any other country:						
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)						
Mobile number: Phone number:						
Email 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 Trustors/Settlors

<b>1.</b> Title:     Surname:     (Please specify)
First name:
Other Name(s):
Date of Birth: Day Month Year
Gender: Male Female Mother's Maiden Name:
Means of   Identification     Identification:   Number:
ID Issue date:       ID Expiry date:       ID Expiry date:         (Nigerians only)       Day       Month       Year         ID Expiry date:       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: Street Name:
Nearest Bus Stop/Number:
City/Town: L.G.A: L.G.A:
State:
Mailing Address:
Mobile Number: Phone Number:
E-mail Address:
Signature: Date: Day Month Year
Day Month  Year    2.
Day Month  Year    2.  Title:    Surname:    (Please specify)
Day Month  Year    2.

Date of Birth: Day Month Year
Gender: Male Female Mother's Maiden Name:
Means of     Identification       Identification:     Number:
ID Issue date:       ID Expiry date:       ID Expiry date:         (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: Street Name:
Nearest Bus Stop/Number:
City/Town: L.G.A: L.G.A:
State:
Mailing Address:
Mobile Number:     Phone Number:
E-mail Address:
Signature: Date: Date: Day Month Year
<b>3.</b> Title: Surname: Surname
(Please specify)
First name:
Other Name(s):
Date of Birth: Day Month Year
Gender: Male Female Mother's Maiden Name:
Means of   Identification     Identification:   Number:
ID Issue date:       ID Expiry date:       ID Expiry date:         (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:
Social Security No: Bank Verifiation Number (BVN):
Residential Address
House/Plot Number: Street Name: Street Name:
Nearest Bus Stop/Number:
City/Town: L.G.A:
State:
Mailing Address:
Mobile Number: Phone Number: Phone Number:
E-mail Address:
Signature: Date: Day Month Year

# 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 appropriate):								
Sole signatory Two or more if two more to sign, please specify								
b. Signatories								
i Title:	Please affix passport photograph							
Surname:								
First Name:								
Other Name(s):								
Class of signatory (please indicate class in the box provided)								
Signature: Date: D	ay Month Year							
	-							
ii Title: (please specify)	Please affix passport photograph							
Surname:								
First Name:								
Other Name(s):								
Class of signatory (please indicate class in the box provided)								
Signature: Date:								
Da	ay Month Year							
iii Title:	Please affix							
Surname:	passport photograph							
First Name:								
Other Name(s):								
Class of signatory (please indicate class in the box provided)								
Signature: Date: Date:	ay Month Year							
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

Signature			
Signature	Day	Month	Year

### Declaration

I/We .

hereby apply for the opening of an account with Guaranty Trust Bank. 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.

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

1	Nai	me		 		 		S	igna	atur	re	 			Day	] [   	Mor	nth	Ye	ar	
2Name				 Signature						Day		Month		Year							
In the presenc	e of:																				
Name:																					
Address:																					
Occupation:																					
Signature: _													C	Date	Day		Mon	nth	Y.	ear	

Terms and Conditions	
I/We the Trustees of:	
Appointed by Deed of	

day of

1. To open a current account in my/our firm's name.

Dated the \_\_\_\_\_

- 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 l/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 docu-

ment 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.

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- 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.
- 7. "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.

## User roles & function

Role Code	Users	Responsibilities
ADMIN	System Administration	Responsible for user management and activity audit.
UPL	Uploader	<ul> <li>Initiates all transactions and file upload</li> <li>Review reports and account information</li> </ul>
REV	Reviewer	1st level review and authorization
APP	Approver	<ul> <li>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)</li> </ul>
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

## Token Request

\*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: \_\_\_\_

To: 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 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,
Date: Day Month Year
Name
Address
Name of Director known to the referee

Please note:

- 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.

To: The Manager, Guaranty Trust

Dear Sir,

Name of Company	
I/We would wish to confirm that the know the above-named C	company and its Directors for
I/We would like to comment about their suitability for maintai as follows:	ning a current account with yourselves
I/We maintain a current account with:	
Name of Bank:	
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:

- 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:
Type of Depositor Code: Description:
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:
Certification Day Month Year
I hereby confirm that the information contained herein is correct and a true representation of the customer's profile
Full Name:
Deferral/Waiver of Documents (if any) authorized by
Full Name:

Do	cuments Required	Checke	d	Deferred	Waived
1.	Account opening form duly completed			(Please specify deferral period)	
2.	Specimen signature card duly completed				
3.	Resident permit or work permit (for non-Nigerians)				
4.	Two (2) passport sized photograph of each signatory of the account with name written on the reverse side				_
5.	Search Report				
6.	Letters of Administration or Probate				
7.	Power of Attorney (Where applicable)				
8.	Letter of Indemnity (Where applicable)				
9.	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)				
10.	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)				
11.	Two satisfactorily completed reference forms.				
12.	Others (Please specify)				
Ace	count Opening Authorised				
A/C	Manager's Code:				
A/0	C Opened by: Name: CIS	9	Signature	e:Date:	
Ар	proved by: Name: OPERATIONS F		Signature	:Date:	