







ACCOUNT OPENING DOCUMENTATION

CORPORATE

ACCOUNT OPENING FORM – ENTITIES Form B (Corporate)								
Category of Business (Tick as appropriate)								
Limited Liability Company     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								
ACCOUNT NUMBER (for official use only)								
Branch:								
Company Details (please complete in BLOCK LETTERS and tick where necessary)								
Company Name:								
Cerificate of Incorporation Number:								
Date of Incorporation: Day Month Year								
Jurisdiction of Incorporation:								
Country of Incorporation:								
Type/Nature of Business:								
Sector/industry:								
Operating Business Address 1:								
Operating Business Address 2:								
Registered Address:     (If different from above)								
Local Govt. Area:								
State:								
Nigerian Export Promotion Council (NEPC) No. (if applicable):								
Email Address:								
Website (if any):								
Mobile Number: Phone Number:								
Tax Identification Number (TIN):       CRM No/Borrower's code:         (Where applicable)       (Where applicable)								

Special Control Unit against Money Laundering (SCUML) Reg. No: (where applicable)							
Estimated Annual Turnover							
(a) Less than N50 Million N50 Million-less than N500 million							
N500 million-less than N5 billion 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:							
Account Service(s) Required (Please tick applicable option below)							
Corporate Internet 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) 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.							
Statement frequency: Monthly Quarterly Semi-Annually Annually							
Cheque Book Requisition (Fees Apply): Crossed Cheque 25 Leaves 50 Leaves 100 Leaves							
*GAP – Lite is a secure web-based service that provides a sole signatory with 24/7 online real time ac- cess to the corporate account and other financial service, using secured connections over the internet.							
<b>**GAPS</b> 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 threshold: (if the answer to the above is yes, please note that minimum confir- mation threshold is currently N500,000.00)							
If you would like to have a higher threshold for pre-confirmation, please specify the amount: (\+) (In line with extant law and existing regulation)							
Key Contact Person(s)							
1. Full Name:							
Job Title:							
Email:							
Mobile Number:							
Office Address:							

2. Full Name:												
Job Title:												
Email:												
Mobile Number:												
Office Address:												
3. Full Name:												
Job Title:												
Email:												
Mobile Number:												
Office Address:												

#### GTMAX SILVER

GTmax

Account Features

- Minimum Opening amount is N150,000.00
- Minimum Account Balance is N100,000.00
   Zero Current Account Maintenance Fee
- Attractive Interest Rate
- Attractive interest Rate
- PLEASE NOTE THE CONDITIONS AVAILABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N100,000.00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee on N1/mille will be applied on all transactions for the month and no interest will be paid on the account for that month

The account opening amount must be paid into the account immediately it is opened.

Signature

Date

#### GTMAX GOLD

Account Features

- Minimum Opening amount is N500,000.00
- Minimum Account Balance is N250,000.00
- Zero Current Account Maintenance Fee
- Attractive Interest Rate

PLEASE NOTE THE CONDITIONS AVAILABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N250,000.00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee on N1/mille will be applied on all transactions for the month and no interest will be paid on the account for that month

The account opening amount must be paid into the account immediately it is opened.

Signature

Date

GTMAX PLATINUM

Account Features

- Minimum Opening amount is N1,000,000.00
- Minimum Account Balance is N500,000.00
- Zero Current Account Maintenance Fee
- Attractive Interest Rate

PLEASE NOTE THE CONDITIONS AVAILABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N500,000.00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee on N1/mille will be applied on all transactions for the month and no interest will be paid on the account for that month

The account opening amount must be paid into the account immediately it is opened.

# Details of Account Signatory 1

Title: Surname: I I I I I I I I I I I I I I I I I I I
First Name:
Other Name(s):
Marital status: Single    Married    Others:    Gender:    Gender:    Male      (Please tick ' \sqrt{' as appropriate})    (Please specify)    Gender:    Male    Female
Date of Birth: Day Month Year Country of Birth:
Mother's Maiden Name:
Name of Next of Kin:
L.G.A of Origin: (Nigerians only)
Tax identification No:
Means of     Identification       Identification:     Number:
ID Issue date: (Nigerians only) Day Month Year ID Expiry date: (Nigerians only) Day Month Year
Occupation: Status/Job Title:
Position/Office of the Signatory:
Nationality: Nigeria Others (Please specify)
Resident Permit No:       Permit Issue Date:         (For Non Nigerians)       Day
Permit Expiry Date: Bank Verification ID (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: 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: Phone number:
E-mail address:
I hereby attest that the above information is true and complete
Signature: Date: Date: Day Month Year
Official use only Day Month Year
Verified By (Full name)
Signature:       Date:       Date:         Day       Month       Year
Details of Account Signatory 2
Title: Surname: I I I I I I I I I I I I I I I I I I I
First Name:
Other Name(s):
Marital status: Single    Married    Others:    Gender:    Male    Female      (Please tick ' \sqrt{' as appropriate})    (Please specify)    Gender:    Male    Female
Date of Birth: Day Month Year Country of Birth:
Mother's Maiden Name:
Name of Next of Kin:
L.G.A of Origin: (Nigerians only) (Nigerians only)
Tax identification No:
Means of   Identification     Identification:   Number:
ID Issue date:ID Expiry date:(Nigerians only)DayDayMonthYearYear
Occupation: Status/Job Title:
Position/Office of the Signatory:
Nationality:     Nigeria     Others     (Please specify)
Resident Permit No:       Permit Issue Date:         (For Non Nigerians)       Day         Month       Year
Permit Expiry Date: (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: Street Name:
Nearest Bus Stop/Landmark:
City/Town: L.G.A: L.G.A:
State:
Mailing Address:
Mobile number: Phone number: Phone number:
E-mail address:
I hereby attest that the above information is true and complete
Signature: Date:
Official use only
Verified By (Full name)
Signature: Date: Date: Day Month Year
Details of Account Signatory 3
Title: Surname: Original Surname: Su
First Name:
Other Name(s):
Marital status: Single       Married       Others:       Gender:       Gender:       Male         (Please tick '       ' as appropriate)       (Please specify)
Date of Birth: Day Month Year Country of Birth:
Mother's Maiden Name:
Name of Next of Kin:
L.G.A 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
Occupation: Status/Job Title:

Position/Office of the Signatory:								
Nationality: Nigeria Others (Please specify)								
Resident Permit No: Permit Issue (For Non Nigerians) (For Non Ni		-	ay	Mo	nth	Ye	ar	
Permit Expiry Date: Bank Verification ID (For Non Nigerians) Day Month Year	(BVN)	:						
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)								
Mobile number: Phone number:								
E-mail address:								
E-mail address:								
	_ Date							
I hereby attest that the above information is true and complete	_ Date	e: Da	ay	 Mor	nth	Ye	ear	
I hereby attest that the above information is true and complete Signature:	_ Date		ay	Mor	nth	Ye	ar	
I hereby attest that the above information is true and complete Signature: Official use only	_ Date	Da 9:						
I hereby attest that the above information is true and complete Signature: Official use only Verified By (Full name)	-	D;		Mor		Yee		
I hereby attest that the above information is true and complete Signature: Official use only Verified By (Full name) Signature: Details of Directors/ Executives/ Promoters/ Principal Officers	-	Da 9:						
I hereby attest that the above information is true and complete Signature: Official use only Verified By (Full name) Signature:	-	Da 9:						
I hereby attest that the above information is true and complete Signature: Official use only Verified By (Full name) Signature: Details of Directors/ Executives/ Promoters/ Principal Officers  1. Title: Surname: Surname:	-	Da 9:						
I hereby attest that the above information is true and complete Signature: Official use only Verified By (Full name) Signature: Details of Directors/ Executives/ Promoters/ Principal Officers  1. Title: Surname: Principal Officers	-	Da 9:						
I hereby attest that the above information is true and complete Signature: Official use only Verified By (Full name) Signature: Details of Directors/ Executives/ Promoters/ Principal Officers 1. Title: Surname: First name: Other Name(s): Date of Birth: Country of Birth	-	Da 9:						
I hereby attest that the above information is true and complete Signature: Official use only Verified By (Full name) Signature: Details of Directors/ Executives/ Promoters/ Principal Officers  1. Title: Surname: Pirst name: Details of Birth: Date	-	Da 9:						
I hereby attest that the above information is true and complete Signature: Official use only Verified By (Full name) Signature: Details of Directors/ Executives/ Promoters/ Principal Officers 1. Title: Surname: First name: Other Name(s): Date of Birth: Country of Birth	-	Da 9:						

ID Issue date: (Nigerians only)ID Expiry date: DayID Expiry date: Nigerians only)ID Expiry date: DayID Issue date: Nigerians only)ID Expiry date: DayID Expiry date: Nigerians only)ID Expiry date: Day							
Occupation: Status/Job Title:							
Nationality: Nigeria Others (Please specify)							
Do you have residency of Yes No If yes, which country:							
Is your shareholding equal Yes No Bank Verification ID No: One of the second seco							
Residential Address							
House/Plot Number: Street Name: Street Name:							
Nearest Bus Stop/Number:							
City/Town:							
State:							
Mailing Address:							
Mobile Number: Phone Number: Phone Number:							
E-mail Address:							
Signature: Date: D							
2							
Title:   Surname:   Image: Surname     (Please specify)							
First name:							
Other Name(s):							
Date of Birth: Day Month Year							
Gender: Male Female Mother's Maiden Name:							
Means of Identification Number:							
ID Issue date:       ID Expiry date:         (Nigerians only)       ID Expiry date:         Day       Month         Year       Year							
Occupation: Status/Job Title:							
Nationality: Nigeria Others (Please specify)							
Do you have residency of Yes No If yes, which country: any other country:							
Is your shareholding equal Yes No Bank Verification ID No: One or greater than 10%:							

# **Residential Address**

House/Plot Number: Street Name: Street Name:						
Nearest Bus Stop/Number:						
City/Town:						
State:						
Mailing Address:						
Mobile Number:         Phone Number:						
E-mail Address:						
Signature:   Date:   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:         (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:						
Is your shareholding equal Yes No Bank Verification ID No: One of greater than 10%:						
Resident Address						
House/Plot Number: Street Name: Street Name:						
Nearest Bus Stop/Number:						
City/Town:						
State:						

Mailing Address:														
(if different from the Residential Addre	ss)									-		-	•	
Mobile Number:		P	hon	e N	umb	oer:								
E-mail Address:														
Signature:						۵	Date							
								L	ay	IVIO	nth	Yea	ar	
Additional Details														
1. Name of affiliated company:														
							-				1			_
Country of incorporation:														
		1		1						-				_
2. Name of affiliated company:														
														_
Country of incorporation:														
				1										
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.

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Yours faithfully,

#### Name and Authorized signature of the customer/Representative & Date ٦Г

Name and Authorized signature of the customer	Representative & Date



Dear Sir,

## Name of Company

I/We would wish to confirm that I/We have known the above years and would like to comment about their suitabilit	
yourselves as follows:	
I/We maintain a current account with: (Please state name of t	the Bank)
Address of Bank:	
My/Our Account No. is:	
And my/our phone No. (s) is/are:	
Yours faithfully,	
Signature	Date Day Month Year
Name of Referee:	Day Month Year
Address of Referee:	
To: The Manager, Guaranty Trust Bank Ltd.	GTCO
Dear Sir,	Guaranty Trust Bank Ltd.
Name of Company	
I/We would wish to confirm that I/We have known the above years and would like to comment about their suitabilit yourselves as follows:	
I/We maintain a current account with: (Please state name of t	the Bank)
Address of Bank:	
My/Our Account No. is:	
And my/our phone No. (s) is/are:	
Yours faithfully,	
Signature	Date Day Month Year
Name of Referee:	-
Address of Referee:	

#### Please note:

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

#### Please note:

IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

#### Please note:

- 1. Referees must be a current account holder either in GTBank or any other bank.
- 2. Referee's account must not be less than six months old.
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#### Please note:

IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

Account O	noning	Mand	a+ 0
Account O	pening	Ivianu	ale

a. Mandate authorization/combination Rule (please tick as appropriate):

Sole signatory Two or more if two or 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: Date:	
Da	y 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	y Month Year
iii Title: (please specify)	Please affix passport photograph
Surname:	
First Name:	
Other Name(s):	
Class of signatory	
Signature: Date: Da	y Month Year

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 geu ineness 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 safeguarding 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.

I. 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 last 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 demand 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.

3. We agree as follows:

a. That we will make a maximum of five withdrawals per month. That in any month we make more than 5 withdrawals, current account maintenance fee of N1/mille will be applied on all the transaction for the month.

b. That we will not make any withdrawals against the minimum account balance. That in any month our account goes below the minimum account balance, interest benefits on the account for that month will be forfeited and a current account maintenance fee of N1/mille will be applied on all transaction for the month.

- 4. 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.
- 5. 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 liability be actual or contingent, primary or collateral and several or joint.
- 6. 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;
- 7. Foreign currency cash withdrawals from my/ our accounts shall be subject to availability.
- 8. 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.

- 9. 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.
- 10. 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 ;aws.
- 11. 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.

### User roles & function

Role Code	Users	Responsibilities
ADMIN	System Administration	<ul> <li>Responsible for user management and activity audit.</li> </ul>
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	<ul> <li>Review end of day activities and reports</li> </ul>

### **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

Abstain

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 requi	ed)	(Name)

Mode of identification:

#### Confirmation of Pending Litigation

No

Kindly indicate if there is any pending criminal or civil litigation in which you are a party to:

Yes

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 Ltd, 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	_ Date		
	Day	Month	Year

#### Declaration

#### I/We \_

hereby apply for the opening of an account with Guaranty Trust Banl Ltd. 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																			4 - 10					
Name							Signature									ay	N	Nor	1th		Ye	ar		
2 Name							Signature										ay		/lon	th		Yea		
Name										atu	C					U	ay	IV	//011			iea	11	
																					7			
						(	Cor	npa	any	Sea	al													
In the masses of	<b>f</b> .																							
In the presence	e ot:																							
Name:																						Т		
Address:																								
Occupation:																								
																		— r	r			<b>-</b> - 1		
Signature:														[	Date		 Day		 Moi	nth		Ye	ar	
										<b>6</b> F	~						,							
Customer Segr	nentatio	n			FO	K E	3AI	NK	U	SE	O	NĽ	Y											
Customer Class	sification	Code	e:	] De	escri	ipti	on:																	
Economic Sect	or Code:			] De	escri	ipti	on:																	
Type of Deposi	itor Code	:		De	escri	ipti	on:																	
Risk Classificat	ion			-																				
Low Risk	M	ediur	n Risk					F	ligh	n Ri	sk				]									
Authenticatior	n for Poli	tically	y Expo	osed	Pe	rsoi	ns																	
Is the custome	r a politio	cally	expos	ed p	oers	on	?				Yes			]	Nc	)								

# Customer Address Verification/Call Memo (If applicable)

Address Visited:										
Comment on Location-Landmarks:										
Loc	Location – Colour of building:									
Loc	Location – Description of building:									
Ful	Full Name of Visiting Staff: Signature:									
<u>Ce</u>	rtification				Day Montl	n Year				
	ereby confirm that the information co tomer's profile	ontained her	ein i	s correct and a t	rue represen	tation of the				
Ful	l Name:	Signature:		[						
De	ferral/Waiver of Documents (if any) aut	horized by			Day Montl	n Year				
Ful	l Name:	Signature _	_							
Do	cuments Required	Checked		Deferre (Please specify de		Waived				
1.	Account opening form duly completed									
2.	Specimen signature card duly completed									
3.	Copy of CAC Certificate of registration									
4.	Board Resolution									
5.	Copy of Memorandum and Article of Association (certified as True copy by the Registrar of Companies)									
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)									

<ol> <li>Evidence of registration with Special Control Unit on Money Laundering (SCUML) (where applicable)</li> </ol>			
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)			
Account Opening Authorised			
A/C Manager's Code:			
A/C Manager's Code:			
A/C Opened by: Name:CIS	Signature:	Date:	
Approved by: Name:OPERATIONS HEA	Signature:	Date:	