

ACCOUNT NO. (For office use only)

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CUSTOMER ID NO. (For office use only)

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BRANCH

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Corporate Account Opening Form

ACCOUNT NAME:

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ACCOUNT OPENING FORM - COMPANIES, PARTNERSHIP & SOLE PROPRIETORSHIP

Account types (Please tick) Current Account Fixed Deposit Account

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| \$ | € | ¥ | £ | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Business types (Please tick) Limited Liability Company Partnership Sole Proprietorship MDA'S Schools Others



I. DOCUMENTATION FOR OPENING CORPORATE ACCOUNT AND FIXED DEPOSIT

All Account Types

- Two recent passport-sized photographs
- Two references from current account holders
- Valid Identification (National Identity Card/International Passport/Driver's License) of each signatory & Director.

Additional Documentation for Corporate Account (Company)

- Board Resolution authorizing the opening of the account. (This must be executed under the company seal)
- A copy of the Certificate of Incorporation
- Certified True copy of Memorandum and Article of Association
- Certified True copy of Particulars of Directors Form CAC7
- Statement of Share Capital and Return of Allotment of Shares (Form CAC2)

Additional Document for Registered Business Account/Sole Proprietorship

- Copy of Application Form for Registration of Business Name
- Copy of Certificate of Registration of Business Name

Additional Documentation for Partnership Account

- Copy of Partnership Deed (notarized)
- Copy of Certificate of Registration
- Partnership Resolution authorizing opening of the account and nominating signatories to the account
- For established businesses, a copy of the latest report and audited accounts
- Evidence of trading address such as Utility bill if not already provided

Additional Documentation for Government Ministries and Parastatals Account

- Approval letter from the relevant Accountant General authorizing opening of the Account & nominating signatories to the account
- Copy of the gazette establishing the Ministry or Parastatal
- Mandate Cards signed by the authorized signatories and endorsed by the Accountant General

Additional Documentation for Incorporated Trustees/Unincorporated Associations Account

- Copy of Constitution (Certified true copy for incorporated Trustees)
- Copy of Certificate of Registration (for incorporated Trustees)
- Copy of Particulars of Trustees (identification/details)
- Resolution authorizing opening of the account and nominating signatories to the account

1. COMPANY DETAILS (Please complete in BLOCK LETTER and tick where necessary)

| | | | | | | | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|--|----------------------|
| Company Name/ Business Name | | | | | | | | | | | | |
| Certificate of incorporation/ Registration Number | | | | | | | | | | | | |
| Date of incorporation | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Jurisdiction of Incorporation/ Registration | <input type="text"/> |
| Parent's Company's Country of Incorporation | | | | | | | | | | | | |
| Types of Business | | | | | | | | | | | | |
| Nature of Business | | | | | | | | | | | | |
| Sector | | | | | | | | | | | | |
| Industry | | | | | | | | | | | | |
| Operating Business Address 1. | | | | | | | | | | | | |
| Operating Business Address 2. | | | | | | | | | | | | |
| Operating Business Address 3. | | | | | | | | | | | | |
| Corporate Business Address/ Registered Office (if different from above) | | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | |
| Website (if any) | | | | | | | | | | | | |
| Phone Number (1) | | | | | | Phone Number (2) | | | | | | |
| Tax Identification Number (TIN) | | | | | | CMR No/Borrower's Cpde (where applicable) | | | | | | |

2. ANNUAL TURNOVER

- (a) N50 Billion - Above N10 Billion - N50 Million N1 Million - N10 Million N1 Million Below
- (b) Is Your Company Quoted On The Stock Exchange? Yes No
- (c) If answer to question (b) is yes, indicate which Stock Exchange and Stock Symbol.....

3. ACCOUNT SERVICES(S) REQUIRED (please tick option below)

Card Preferences: Master Card (Cards are Applicable for sole proprietorship account only)

Internet Banking Preferences: Internet Banking Internet Banking Token (Fee applies) Mobile Banking

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

Statement Preferences: Email Post On Request Frequency: Monthly Quarterly Semi Quarterly

Cheque Book Requisition: Opened Cheque Crossed Cheque 50 Leaves 100 Leaves

Cheque Confirmation Threshold:

You will be required to pre confirm any cheque above N :00

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above Nxxx,000.00 N :00

5. ACCOUNT SIGNATORY'S DETAILS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|-----------|-------------|------------------|--------------------------|-----------|--------------------------|-----------------------|--|--|--|--|------------------|--|--|--|-----------|--|--|--|--|--|--|--|--|------|-----------|-----------|-------------|
| Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | DD | MM | YYYY | Gender: M | <input type="checkbox"/> | F | <input type="checkbox"/> | Mother's Maiden Name: | | | | | | | | | | | | | | | | | | | | | |
| Nationality (for non-Nigerians) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Means of Identification | | | | | | | | | | | | | | | | | ID Number | | | | | | | | | | | | |
| ID Issue Date | DD | MM | YYYY | ID Expiring Date | DD | MM | YYYY | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position/Office of the Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House Number | | | | Street Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landmark/Nearest Bus Stop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Govt. Area | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number (1) | | | | | | | | | | | | | Phone Number (2) | | | | | | | | | | | | | | | | |
| E-mail Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Class of Signatory <small>(Please indicate class in the box provided)</small> | | | | | | | | | | | | | | | | | Signature | | | | | | | | | Date | DD | MM | YYYY |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|-----------|-------------|------------------|--------------------------|-----------|--------------------------|-----------------------|--|--|--|--|------------------|--|--|--|-----------|--|--|--|--|--|--|--|--|------|-----------|-----------|-------------|
| Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | DD | MM | YYYY | Gender: M | <input type="checkbox"/> | F | <input type="checkbox"/> | Mother's Maiden Name: | | | | | | | | | | | | | | | | | | | | | |
| Nationality (for non-Nigerians) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Means of Identification | | | | | | | | | | | | | | | | | ID Number | | | | | | | | | | | | |
| ID Issue Date | DD | MM | YYYY | ID Expiring Date | DD | MM | YYYY | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position/Office of the Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House Number | | | | Street Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landmark/Nearest Bus Stop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Govt. Area | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number (1) | | | | | | | | | | | | | Phone Number (2) | | | | | | | | | | | | | | | | |
| E-mail Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Class of Signatory <small>(Please indicate class in the box provided)</small> | | | | | | | | | | | | | | | | | Signature | | | | | | | | | Date | DD | MM | YYYY |

ACCOUNT NO. (For office use only)

Surname _____

First Name _____

Other Name _____

Date of Birth Gender: M F Mother's Maiden Name: _____

Nationality (for non-Nigerians) _____

Means of Identification _____ ID Number _____

ID Issue Date ID Expiring Date

Occupation _____

Job Title _____

Position/Office of the Officer _____

Residential Address _____

House Number _____ Street Name _____

Landmark/Nearest Bus Stop _____

City/Town _____

Local Govt. Area _____

State _____

Phone Number (1) _____ Phone Number (2) _____

E-mail Address _____

Class of Signatory _____ Signature _____ Date

6. DIRECTOR'S DETAILS

Surname _____

First Name _____

Other Name _____

Date of Birth Gender: M F Mother's Maiden Name: _____

Nationality (for non-Nigerians) _____

Means of Identification _____ ID Number _____

ID Issue Date ID Expiring Date

Occupation _____

Job Title _____

Status as a director: (please tick as appropriate)
 Chairman Managing Director/Chief Executive Officer Executive Director Non Executive Director
 Chief Financial Officer Others (specify) _____

Residential Address _____

House Number _____ Street Name _____

Landmark/Nearest Bus Stop _____

City/Town _____

Local Govt. Area _____

State _____

Phone Number (1) _____ Phone Number (2) _____

E-mail Address _____

Signature _____ Date

ACCOUNT NO. (for office use only)

Surname _____

First Name _____

Other Name _____

Date of Birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

 Gender: M F Mother's Maiden Name: _____

Nationality (for non-Nigerians) _____

Means of Identification _____ ID Number _____

ID Issue Date

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
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 ID Expiring Date

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| | | | | | | | |

Occupation _____

Job Title _____

Status as a director: (please tick as appropriate)
 Chairman Managing Director/Chief Executive Officer Executive Director Non Executive Director
 Chief Financial Officer Others (specify): _____

Residential Address _____

House Number _____ Street Name _____

Landmark/Nearest Bus Stop _____

City/Town _____

Local Govt. Area _____

State _____

Phone Number (1) _____ Phone Number (2) _____

E-mail Address _____

Signature _____ Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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Surname _____

First Name _____

Other Name _____

Date of Birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

 Gender: M F Mother's Maiden Name: _____

Nationality (for non-Nigerians) _____

Means of Identification _____ ID Number _____

ID Issue Date

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| D | D | M | M | Y | Y | Y | Y |
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 ID Expiring Date

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|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Occupation _____

Job Title _____

Status as a director: (please tick as appropriate)
 Chairman Managing Director/Chief Executive Officer Executive Director Non Executive Director
 Chief Financial Officer Others (specify): _____

Residential Address _____

House Number _____ Street Name _____

Landmark/Nearest Bus Stop _____

City/Town _____

Local Govt. Area _____

State _____

Phone Number (1) _____ Phone Number (2) _____

E-mail Address _____

Signature _____ Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
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9. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE PROPRIETORSHIP

| S/N | NAME AND ADDRESS OF BANK/BRANCH | ACCOUNT NAME | ACCOUNT NUMBER | DATE ACCOUNT OPENED | STATUS ACTIVE/DOMANT |
|-----|---------------------------------|--------------|----------------|---------------------|----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

10. DIRECTORS BANK ACCOUNT DETAILS (with other banks, if any)

| S/N | NAME OF DIRECTOR | NAME AND ADDRESS OF BANK/BRANCH | ACCOUNT NAME | ACCOUNT NUMBER | DATE ACCOUNT OPENED | STATUS ACTIVE/DOMANT |
|-----|------------------|---------------------------------|--------------|----------------|---------------------|----------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

11. FOR BUSINESS/RELATIONSHIP MANAGERS/ACCOUNT OFFICER'S USE ONLY

At the meeting of the Board of Directors, It was duly resolved:

- FHA Finance Limited (hereinafter called "the bank") is and is hereby designated banker to this company.
- That the bank instructed to pay and honor all cheques, drafts or orders issued by us on behalf of this company on the banking account/accounts in the name of the company, and all bills and promissory notes payable at the said bank and expressed to be accepted or made on behalf of this company, at any time, provided the account has sufficient funds to accommodate instrument.
- That the Bank be instructed to discount and negotiate bills on other commercial paper for this company provided that they have been endorsed on its behalf.
- That the Bank be instructed to act on any instructions given on behalf of this company for any business requiring foreign exchange including but not limited to:
 - The purchase or sale of foreign exchange;
 - The opening from time to time of documentary letters of credit to the extent that this shall not be general authority but shall require specific instructions;
 - The signing and obtaining of delivery of merchandise against Trust receipt.
- That the said bank be instructed to accept any indemnities given on behalf of this company.
- That where there is, to the knowledge of the bank, a dispute between officers and directors of the company, mandated to operate the account, the bank may at its discretion stop further transaction on the account without any ability whatsoever until the dispute is satisfactory resolved.
- That until the bank receives any written notice by way of the company's resolution to the contrary, the bank be instructed to honor signatures appearing hereunder for all purposes as the company's account authorized paragraphs one to five (5) above.
- If for any reason the bank authorized the payment of the cheque draft or order when of the material time, the account does not have sufficient funds to accommodate the value of such instrument, (and our said account is thereby then in debit) we agree that an overdraft position is hereby created. Any sum standing to the debit of our account with your usual bank charges, interest, commission etc shall automatically be liable to interest charges at the rate fixed by the bank from time to time. You are authorized to debit the account with your usual bank charges, interest, commission etc.
- We agree to be bound by these and other conditions existing now and in the future governing the operation of the account(s) and other banking services which include internet banking, mobile banking, Smart Card, Telephone Banking, Automated Teller Machine (ATM), Domestic, International Money Transfer and Master Card.
- You may initiate call or commitment on our behalf any monies standing to the credit of our account or any one of your investment security, namely, Time Deposits, Treasury Bills, Banker Acceptance or Guaranteed Commercial papers and/or contrary instructions are given by us provided that you shall honor on demand all cheques issued by us there are sufficient funds in our account to cover the value of the cheques.
- We agree that you may at your absolute discretion close at any time our account(s) with you given seven (7) days' notice in writing to us at our address for correspondence given above on such other address as may be notified from time to time by us in writing to you.
- We are to hold you from any responsibility for any loss of funds deposited with us due to any government order, law, levy, tax, embargo restriction or other cause beyond your control.
- We agree to accept as due notification notice of change in conditions governing the account directed to our last known address and to be bound by such change.
- That any and all withdrawal and borrowing of money and/or other transaction hereto had on behalf of this company with the bank are hereby ratified, confirmed and approved and that the bank may rely upon authority conferred by this entire resolution until the receipt by it of a certified copy of a resolution of these board resolving or the same.
- That the company hereby agrees:
 - That all funds standing to the credit of the company's account shall be payable on demand only.
 - That no notice which may be given to the bank by us shall be binding upon the bank until it shall have been received by the bank and sufficient time shall have elapsed thereafter to permit the bank in due course and by such means as it may deem to be appropriate to notify staff of its departments, office, branches, and correspondence as it may deem to be concerned or affected thereby.
 - That the bank will accept no liability whatsoever for funds handed to staff outside the bank's premises.
 - That it will safeguard its cheque books so that no other person is enabled to gain access to it, in the event of which the company's account may be debited with consequences arising therefrom.
- We understand that any sum standing to the credit of this current account shall bear interest only at the rate fixed by the bank from time to time. We further understand that any sum or sums standing to the debit of our account as a result of this overdraft position shall automatically be liable to interest charges at the rate fixed by the bank from time to time. You are authorized to debit the company's account with your usual bank charges, interest, commission, etc.
- That the said bank be furnished with the list of the names of directors, secretary, and other officers of this company and that the said bank be from time to time informed in writing of any changes.
- We understand and agree that you are no under obligation to honor cheque(s) drawn on this account unless there are sufficient funds in the account to cover value of the said cheque(s) and we understand and agree that any such cheque(s) may be returned to us unpaid.
- We agree that any disagreement with entries in our Bank Statement, will be made by us within 15 days of the dispatch of the Bank Statement failing receipt by the Bank of a notice of disagreement of entries within 15 days from the date of dispatch of our bank statement, it will be assumed by the bank that the statement as rendered is correct.
- That these resolutions be communicated to the said bank and remain in force until rescinded by the notice thereof in writing be given to the said bank by the chairman or secretary of this company. The under mentioned documents enclosed herewith:
 - Copy of Memorandum and Article of Association of the Company.
 - Certificate of Incorporation (for imposition and return).
 - Certificate of Exemption from using limited (for inspection and return).
- In addition to any general lien or similar right to which you as bankers may be entitled to by law you may at any time and without notice to us combine or consolidate all or any other accounts with the facilities to you and we allow or transfer any sum standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques, valuable deposits, receipts negotiable instrument or other assets belonging to us with you in or towards satisfaction of any of our liabilities to you or in any other respect whether such liabilities are present or future, be actual or contingent, primary or collateral, several or joint.
- We agree that the Bank shall have the right to set-off any sums credited to this company's account against any sums owed to the Bank by this company either alone or jointly with any other person or persons, company or companies on any account or against any sums owed to the Bank by this company as a result of this company being Surety or Guarantor to some other person or persons, company or companies.
- The persons, whose signatures appear below, have been duly authorized to mandate the opening of the account the notice provided for the opening of this account is true and correct in all matter respect.

Chairman's Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Secretary's Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

 Company's Stamp/Seal Here

