

# ACCOUNT OPENING FORM-ENTITIES

Incorporated & Non-Incorporated

| This form should be completed in 0                        | CAPIT  | AL L      | ETTE     | RS us      | ing B     | LACK      | INK.   | Chara      | cters  | and r     | marks  | shou   | ld be s        | similar | in sty | /le to   | the fo | ollowir | ng 'AB | iC'   |        |      |      |          |   |     | Curre<br>¥ |   |
|---|--------|-----------|----------|------------|-----------|-----------|--------|------------|--------|-----------|--------|--------|----------------|---------|--------|----------|--------|---------|--------|-------|--------|------|------|----------|---|-----|------------|---|
| Category of Business                                      |        | D         | artn     | orch       | in [      | 7         | ٥ما    | e Pro      | nrio   | toro      | ·hin [ | _      | ME             | ا ۸ د آ |        | C.       | chod   | ole F   | _      | O+1   | oore   |      |      |          |   | φ 6 | #          | L |
| Limited Liability Company [ Type of Account (Please indic |        |           |          |            | ip _      | _         |        |            |        |           |        |        |                | JAS [   |        | 30       | 21100  | DIS [   |        | Oti   | ners   |      |      |          | L |     |            |   |
|   |        |           |          |            |           |           |        | ırren      |        |           |        |        |                |         | DRΔ    | Bas      | ic [   |         | DBA    | Fct:  | ahliel | had  |      |          |   |     |            |   |
| DBA Growing Commi   |        |           |          |            |           |           |        |            |        |           |        |        |                | _       |        |          |        |         |        |       |        |      | CCOL | ınt [    |   |     |            |   |
| Branch  |        |           |          |            |           |           |        |            |        |           | t No.  |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Referral code(To be filled du                             | ıring  | cam       | npaig    | gns if     | refe      | erred     | l by e | existi     | ng c   | usto      | mer    | s)     |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| 1. COMPANY DETAILS  | S(P    | leas      | se co    | omp        | lete      | in E      | BLO    | CK L       | ET     | ΓER       | Sar    | nd tid | ck w           | here    | e ne   | cess     | sary   | ·)      |        |       |        |      |      |          |   |     |            |   |
| Company /<br>Business                                     |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
|   |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Certificate of Incorporation/<br>Registration number      |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Date of Registration                                      | D      | D         | ММ       | Υ          | Y         | Y         | Jur    | isdicti    | on of  | Incor     | porat  | ion/R  | eaistr         | ation   |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Type /Nature of Business<br>(Specific not generic)        |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Sector/Industry   |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Operating Business  |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Address 1   |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Operating Business  |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Address 2   |        |           | <u> </u> |            | <u> </u>  |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      | <u> </u> |   |     |            |   |
| Business  |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Address/Registered  |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Office (if different from above)                          |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Landmark/Nearest Bus-sto                                  | р      |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Company E-mail address                                    |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Website (if any)  |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Phone<br>Number (1)                                       |        |           |          |            |           |           |        |            |        |           |        |        | Pho            | ne Nu   | ımber  | (2)      |        |         |        |       |        |      |      |          |   |     |            |   |
| Tax Identification<br>Number (TIN)                        |        |           |          |            |           |           |        |            |        |           |        |        | RM No          |         |        | s Cod    | le     |         |        |       |        |      |      |          |   |     |            |   |
| Special Control Unit against Mo                           | oney   | Laur      | nderir   | ng (Si     | CUM       | L) Re     | g. No  | o. [       | T      |           |        |        |                |         |        |          | T      |         |        |       |        |      |      |          |   |     |            |   |
| 2. ANNUAL TURNOVE   | ER     |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| (a) Less than N50 Million                                 | N5     | 50 Mi     | llion-   | Less       | than      | N50       | 00 Mil | lion [     |        | ١         | 15001  | Millio | n-Le           | ss th   | an N   | 5 Billio | on [   |         | Ab     | ove N | N5 Bil | lion |      |          |   |     |            |   |
| (b) Source of funds (Source of                            | econo  | omic      | activ    | vities     | that      | gene      | rates  | s inco     | me)    |           |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| (c) Is your Company quoted on                             | any S  | Stoc      | k Exc    | hang       | ge        |           | Yes    |            | ١      | 10 [      |        |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| (d) If answer to question (b) is y                        | es, in | ıdica     | te wh    | nich S     | Stock     | Exch      | nang   | e and      | the S  | Stocl     | k Sym  | nbol:  |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| 3. ACCOUNT SERVICE  | E(S)   | REC       | QUIF     | RED        | (Ple      | ase       | tick   | opt        | ion    | pelc      | ow)    |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Card Preferences: Mastero                                 | card   |           | V        | /isaca     | ard [     |           | Ve     | erveC      | ard    |           | 0      | ther   | (spec          | cify)   |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Electronic Banking Preference                             | es: Ir | nterr     | net Ba   | ankin      | ıg [      |           | Mob    | ile Ba     | nkin   | -<br>9 [] | ,      | 4ТМ,   | /POS           |         |        | Prim     | us     |         | Pr     | imus  | Lite   |      |      |          |   |     |            |   |
| Others(specify)   |        |           |          |            |           |           |        |            |        |           |        |        |                |         |        |          |        | _       |        |       |        |      |      |          |   |     |            |   |
| Transaction Notification: S                               | MS A   | lert (    | Fee a    | applie     | es)       |           | E      | _<br>E-mai | l Aler | t (Fr     | ee)    |        |                |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Statement Delivery Preference                             | es: E- | -mai      | l (Fre   | e) [       |           | Pos       | st [   | ] [        | 3ran   | ch 🗀      |        | _      | _              |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Statement Frequency: Mont                                 | _      |           |          | ے<br>arteı | _<br>1у [ |           | Sei    | ni an      | nuall  | у [       | _<br>] | Annu   | ally [         |         |        |          |        |         |        |       |        |      |      |          |   |     |            |   |
| Cheaue Book Reauisition: On                               | ened   | —<br>Lche | aue      |            | Cro       | –<br>ssec | l Che  | aue        |        | 501       | eave   | es [   | 一 <sup>'</sup> | 100     | l eav  | es       | 7      |         |        |       |        |      |      |          |   |     |            |   |



# CHEQUE CONFIRMATION THRESHOLD Cheque Confirmation: Will you like to Pre-confirm your cheque? Yes Cheque Confirmation Threshold : If the answer to the above is yes, please specify the threshold If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above N250,000.00) in line with the properties of the propertiesexisting laws and regulation ACCOUNT SIGNATORY'S DETAILS 1. Surname First Name Middle Name Sex: Male Female Date of Birth Means of Identification ID Number ID Issue Date ID Expiry Date D D M M Biometric ID No Occupation (Specific not generic) Status/Job Title Position/Office Residential Address House Number Street Name City/Town Street Name cont. LGA State Landmark/Nearest Bus-stop Phone Phone Number (2) Number (1) E-mail address Class of Signatory Date Signature 2. Surname Middle Name First Name Sex: Male Female [ Date of Birth ${\sf Means}\, {\sf of}\,$ Identification ID Number ID Issue Date ID Expiry Date D D Biometric ID No Occupation (Specific not generic) Status/Job Title Position/Office Residential Address House Number Street Name City/Town Street Name cont. LGA State



|    | Landmark/Neare                    | st Bu | s-st | top    |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|----|-----------------------------------|-------|------|--------|-----|---|----|----------|-----|----------|----------|-------|------|-------|------|------|-------|--------|---------|-----------|------|------|------|------|-------|----------|---------------------------|-----|-------------------|----------------------|-----|--------|---|----|
|    | Phone<br>Number (1)               |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      | Phon  | e Nur  | mber    | (2)       |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | E-mail address                    |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Class of<br>Signatory             |       |      |        |     |   |    |          |     |          |          |       | Sig  | gnatu | re   |      |       |        |         |           |      |      |      |      | _     | Dá       | ate                       | D   | D                 | M                    | M   | Υ      | Υ | ΥΥ |
| 3. | Surname                           |       |      |        |     |   |    |          |     |          | Т        |       |      |       |      |      |       |        |         |           | Τ    |      |      |      |       |          | Τ                         | T   | $\overline{\top}$ | $\overline{\exists}$ |     |        |   |    |
|    | First Name                        |       |      |        |     |   |    |          |     | Ť        | Ť        |       |      |       |      |      |       | \<br>  | 1iddl   | e Na      | ame  | T    |      |      |       | T        | $\dot{\top}$              | Ť   | T                 | 一                    |     |        |   |    |
|    | Date of Birth                     | D D   |      | VI IVI | Υ   | Υ | YY | 7        |     |          | Se       | :x: N | 1ale | :     |      | Fem  | ale [ |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Means of Identification           |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | ID Number                         |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | ID Issue Date                     | D D   |      | M M    | Υ   | Υ | YY | 1        |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      | ID I | Expir | y Da     | te                        | D   | D                 | M                    | M   | Υ      | Υ | YY |
|    | Biometric ID No                   |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Occupation (Specific not generic) |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Status/Job Title                  |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      | Pos   | sition | ı/Offi  | ce        |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Residential Addres                | S     |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | House Number                      |       |      |        |     |   |    |          | S   | Stree    | et N     | ame   |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Street Name cont.                 |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        | (       | City      | /Tow | /n   |      |      |       |          |                           |     | $\perp$           | $\Box$               |     |        |   |    |
|    | LGA                               |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        | Sta     | te        |      |      |      |      |       |          |                           |     | I                 |                      |     |        |   |    |
|    | Landmark/Neare                    | st Bu | s-st | тор    |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     | I                 |                      |     |        |   |    |
|    | Phone<br>Number (1)               |       |      | $\top$ |     |   |    |          |     |          |          |       |      |       |      |      | Phone | e Nur  | nber    | (2)       |      |      |      |      |       |          |                           |     |                   | $\top$               |     | $\top$ |   |    |
|    | E-mail address                    |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         | Т         |      |      |      |      |       |          |                           | Ī   | T                 |                      |     |        |   |    |
|    | Class of<br>Signatory             |       |      |        |     |   |    |          |     |          |          |       | Sic  | gnatu | re   |      |       |        |         |           |      |      |      |      |       | Di       | ate                       | D   | D                 | M                    | M   | Υ      | Y | YY |
| 6  | DETAILS OF TOTAL (NOT SOLE )      |       |      |        |     |   |    | JTI      | VES | /TR      | US       | TEE   |      |       |      | ΓERS | S/EX  | ECL    | JTC     | RS.       | /AD  | MIN  | NIST | RAT  | ORS   | /PR      | INC                       | IPA | L C               | )FFI                 | CEF | RS     |   |    |
| 1. | Surname                           |       |      |        |     |   |    |          |     |          | Т        |       |      |       |      |      |       |        |         |           | Т    |      |      |      |       | Τ        | $\top$                    | Τ   | Т                 |                      |     |        |   |    |
|    | First Name                        |       |      |        |     |   |    | <u> </u> |     | <u> </u> | <u> </u> |       |      |       |      |      |       | I      | 1iddl   | L<br>e Na | ame  |      |      |      |       | <u> </u> | $\frac{\perp}{\parallel}$ |     | $\frac{\perp}{1}$ | $\exists$            |     |        |   |    |
|    | Date of Birth                     | D C   |      | VI M   | Y   | Y | YY | ,        |     |          | Se       | :x: N | 1ale | :     |      | Fem  | ale [ |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Means of Identification           |       |      |        |     |   |    | <u> </u> |     |          |          |       |      |       |      |      |       |        |         |           | Τ    |      |      |      |       |          | Τ                         |     |                   | $\Box$               |     |        |   |    |
|    | ID Number                         |       |      |        |     |   |    |          | Ť   | Ť        | Ť        |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | ID Issue Date                     | D D   |      | VI IVI | Υ   | Υ | YY | ·        |     |          |          |       |      | '     |      |      |       |        |         |           |      |      |      | ID I | Expir | y Da     | te:                       | D   | D                 | M                    | M   | Υ      | Υ | YY |
|    | Biometric ID No                   |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Do you have dual ci               |       |      | ?      | Yes |   | ١  | Vo [     |     | lfy      | yes,     | plea  | se s | speci | fy [ |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Social Security Nur               | nber  |      |        |     |   |    |          |     |          |          |       |      |       |      | Empl | oyee  | Ider   | ntifica | atio      | n Nu | ımbı | er:  |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Percentage Holding                | 9     |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     | _                 |                      |     |        |   |    |
|    | Occupation (Specific not generic) |       |      |        |     |   |    |          |     |          |          |       |      |       |      |      |       |        |         |           |      |      |      |      |       |          |                           |     |                   |                      |     |        |   |    |
|    | Status/Job Title                  |       |      |        |     |   |    |          | Ť   | Ť        | Ť        |       |      |       |      |      | Po    | sitio  | n/∩t    | fice      | ,    | Ī    | T    |      |       | Ť        | Ì                         | Ť   | Ť                 | 一                    |     |        |   |    |



|   | Residential Addres                   |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|---|--------------------------------------|-----------|------------|-----|---|----|---|-----------------------|-------------|-------------------|----------|-----------|------|-----------------------|---------|----------|---------|-------|------|------------|---------------------------|---------------|--|--------|--------------|--------------|--------------|----------|-------------------|-------------------|----|
|   | House Number                         |           |            |     |   |    |   | Str                   | eet l       | Nam               | е [      |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Street Name cont.                    |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          | Ci      | ty/To | own  |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | LGA                                  |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          | State   | è     |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Landmark/Neare                       | est Bus-s | stop       |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Phone<br>Number (1)                  |           |            |     |   |    |   |                       |             |                   |          |           |      |                       | Phone   | e Num    | nber (2 | 2)    |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | E-mail address                       |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Class of<br>Signatory                |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  | D.     |              |              |              |          | 1 —               |                   |    |
| ) | Surname                              |           |            |     |   |    |   |                       |             |                   | Sig      | gnatu<br> | ire  |                       |         |          |         |       |      |            |                           |               | -  | Dá     | ate<br>T     | D            | D            | M M      | Υ                 | Y \               | YY |
|   | First Name                           |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         | M        | iddle   | Nam   |      |            | <u> </u>                  |               | <u>                                     </u> |        | <del> </del> | <u> </u>     |              |          |                   |                   |    |
|   |                                      |           |            |     |   |    |   |                       |             |                   | N4 1     |           |      | _                     |         |          | laale   | INdII | le [ |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Date of Birth<br>Means of            | D D       | M M        | Υ   | Y | YY |   |                       | S           | ex:               | Male     |           |      | Fem                   | iale [  |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Identification                       |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | ID Number                            |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          | . —               |                   |    |
|   | ID Issue Date                        | D D       | M          | Υ   | Υ | Y  |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           | IDE           | xpir   | y Da   | te           | D            | D            | M        | Υ                 | Υ                 | YY |
|   | Biometric ID No                      |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Do you have dual ci                  |           |            | Yes |   | Ν  | 0 |                       | lfyes       | s, ple            | ease s   | peci      | fy [ |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Social Security Nur                  | nber      |            |     |   |    |   |                       |             |                   |          |           | ]    | Empl                  | oyee    | ldent    | tificat | ion N | Num  | nber       | : [                       |               |  |        |              |              |              |          |                   |                   |    |
|   | Percentage Holding                   | 9         |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Occupation<br>(Specific not generic, | )         |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Status/Job Title                     |           |            |     |   |    |   |                       |             |                   |          |           |      | ]                     | Pos     | ition/   | Office  |       |      |            |                           |               |  | l      |              | <del> </del> | <del> </del> |          | $\overline{\Box}$ |                   |    |
|   | Residential Addres                   | is        |            |     |   |    |   |                       |             |                   |          |           |      | J                     |         |          |         |       |      |            |                           |               |  |        | <u> </u>     |              |              | <u> </u> |                   |                   |    |
|   | House Number                         |           |            |     |   |    |   | Str                   | eet l       | Nam               | еГ       |           |      |                       |         | Τ        |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Street Name cont.                    |           |            |     |   |    |   |                       |             | Т                 | T        | ]         |      |                       |         |          | Ci      | ty/To | own  |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | LGA                                  |           |            |     |   |    |   |                       |             | $\frac{1}{1}$     |          | _         | Τ    |                       |         | 7        | State   |       |      |            | $\overline{}$             |               |  |        |              | <u> </u>     |              |          |                   |                   |    |
|   | Landmark/Neare                       | st Rus-9  | ston       | Γ   |   |    |   |                       |             | <u> </u>          | <u> </u> | <u> </u>  |      | $\frac{\perp}{\perp}$ | $\perp$ |          |         |       | Τ    | $\top$     | $\frac{\perp}{\parallel}$ | $\frac{1}{1}$ |  |        |              | <u> </u>     | <u> </u>     |          |                   |                   |    |
|   | Phone<br>Number (1)                  |           |            | T   |   |    |   | <u> </u>              | $\top$      | $\top$            | $\perp$  |           |      |                       | Phone   | L<br>Num | hber (2 | ,) [  |      | $\perp$    | $\overline{}$             | $\perp$       | $^+$   | $\top$ |              | <u> </u>     |              |          | $\equiv$          | $\overline{\top}$ |    |
|   | E-mail address                       |           | <u>_</u> _ |     |   |    |   | $\frac{\perp}{\perp}$ | <del></del> | $\frac{\perp}{1}$ | +        |           | Т    | $\top$                |         | T        | T       | ' L   | T    | $^{\perp}$ | $\frac{1}{1}$             | $\frac{1}{1}$ | $\perp$                                      |        |              |              |              |          |                   | $\perp$           |    |
|   |                                      |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Class of<br>Signatory                |           |            |     |   |    |   |                       |             |                   | Siç      | gnatu     | ıre  |                       |         |          |         |       |      |            |                           |               | -  | Da     | ate          | D            | D            | M M      | Υ                 | ΥΥ                | YY |
| 3 | Surname                              |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | First Name                           |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         | М        | iddle   | Nam   | ne [ |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Date of Birth                        | D D       | M M        | Υ   | Υ | YY | ] |                       | S           | ex:               | Male     |           |      | Fem                   | ale [   |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |
|   | Means of Identification              |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        | Τ            |              |              | Τ        |                   |                   |    |
|   | ID Number                            |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   | -                 |    |
|   | ID Issue Date                        | D D       | M M        | Υ   | Y | YY | 1 |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           | IDE           | xpir   | y Da   | te           | D            | D            | M M      | Υ                 | Y                 | YY |
|   | Biometric ID No                      |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          | . —               |                   |    |
|   |                                      |           |            |     |   |    |   |                       |             |                   |          |           |      |                       |         |          |         |       |      |            |                           |               |  |        |              |              |              |          |                   |                   |    |



| Do you have dual ci  |                     |                          | ?     | Yes           |      | Ν      | 0  |       | fyes   | ple  | ase s              | pecif     | fy _          |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
|--|---------------------|--------------------------|-------|---------------|------|--------|----|-------|--------|------|--------------------|-----------|---------------|--------|--------|---------------------------------------|----------------|-------|-----------|-------|--------|----|-------|-----|------|----|---------------|---------------|---------|-------|
| Social Security Nur  | nber                |                          |       |               |      |        |    |       |        |      |                    |           |               | Empl   | oyee I | denti                                 | ficatio        | on Nu | umbe      | er:   |        |    |       |     |      |    |               |               |         |       |
| Percentage Holdin  | g [                 |                          |       |               |      |        |    |       |        |      |                    |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
| Occupation (Specific not generic   | :)                  |                          |       |               |      |        |    |       |        |      |                    |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
| Status/Job Title   |                     |                          |       |               |      |        |    |       |        |      |                    |           |               |        | Pos    | tion/0                                | Office         |       |           |       |        |    |       |     |      |    | $\Box$        |               |         |       |
| Residential Addres   | ss                  |                          |       |               |      |        |    |       |        |      |                    |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
| House Number   |                     |                          |       |               |      |        |    | Str   | eet N  | am   | e [                |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
| Street Name cont.  |                     |                          |       |               |      |        |    |       |        |      |                    |           |               |        |        |                                       | Cit            | y/Tov | vn        |       |        |    |       |     |      |    |               |               | $\perp$ |       |
| LGA  |                     |                          |       |               |      |        |    |       |        |      |                    |           |               |        |        |                                       | State          |       |           |       |        |    |       |     |      |    |               |               |         |       |
| Landmark/Neare   | est B               | lus-s                    | top   |               |      |        |    |       |        |      |                    |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
| Phone<br>Number (1)  |                     |                          |       |               |      |        |    |       |        |      |                    |           |               |        | Phone  | Numl                                  | oer (2)        |       |           |       |        |    |       |     |      |    |               |               |         |       |
| E-mail address   |                     |                          |       |               |      |        |    |       |        |      |                    |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
| Class of<br>Signatory  |                     |                          |       |               |      |        |    |       |        |      | Sic                | natu      | ire           |        |        |                                       |                |       |           |       |        |    | Da    | ate | D    | D  | M M           | ılly          | Y       | YY    |
| 6B. DETAILS OF   | - A S               | SOLE                     | E PR  | ROF           | PRIE | TOR    | SH | IΡ    |        |      | Olg                | ,, i a ca |               |        |        |                                       |                |       |           |       |        | _  |       |     |      |    |               |               | 1       |       |
| PERSONAL INFOR   | MAT                 | ION                      |       |               |      |        |    |       |        |      |                    |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
| Title  |                     |                          | Surna | ame           |      |        |    |       |        |      |                    |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               | $\Box$        | Τ       |       |
| First Name   | T                   | T                        |       |               | T    |        |    | Ť     | T      |      |                    | Ť         | Ť             | Ť      | Ť      |                                       |                |       |           |       |        |    |       |     |      | T  | T             | T             | Ť       |       |
| Middle Name  |                     |                          |       | $\frac{1}{1}$ |      |        |    |       |        |      |                    |           | $\frac{1}{1}$ |        |        |                                       |                |       |           |       |        |    |       |     |      |    | $\frac{1}{1}$ | $\frac{1}{1}$ | t       |       |
|  |                     |                          |       |               |      |        |    |       | 1      |      |                    |           |               |        |        |                                       |                |       |           |       |        |    |       |     |      |    |               |               |         |       |
| Marital Status (Ploas  | o tic               | <b>L)</b> C:             | inalo |               | M-   | rriod  |    | 0     | thor ( | nlos | 200 0              | ancif     |               |        |        |                                       |                |       |           |       |        |    |       |     | Sov. | Мα |               | 7 6           | omo     |       |
|  |                     | k) Si                    | ingle |               | Ma   | arried |    | 0     | ther ( | plea | ase sp             | pecify    | y)            |        |        |                                       |                |       |           |       |        |    |       |     | Sex: | Ма | le [          | ] F           | eme     | ele 📗 |
| <b>Marital Status (Pleas</b><br>Mother's Maiden Nar  |                     | k) Si                    | ingle |               | Ma   | arried |    | 0     | ther ( | plea | ase sp             | pecify    | y)            |        |        |                                       |                |       |           |       |        |    |       |     | Sex: | Ма | le [          | ] F           | eme     | ele 📗 |
|  | ne                  |                          | ingle |               | Ma   | arried |    | 0     | ther ( | plea | ase sp             | pecify    | y)            |        |        |                                       |                | Re    | sider     | nt Pe | rmit   | No |       |     | Sex: | Ма | le [          | ] F<br>       | eme     | ele   |
| Mother's Maiden Nar<br>Nationality (for non N  | ne<br>ligeri        | an)                      |       | Y Y           |      | arried |    | 0     | ther ( | plea | ase sp             | pecify    | y)            |        |        |                                       |                | Re    | sider     |       | rmit l |    | ry Da |     | Sex: |    | le M M        |               |         | Y Y   |
| Mother's Maiden Nar  | ne<br>ligeri        | an)                      |       |               |      |        |    | 0     | ther ( | plea | ase sp             | pecify    | y)            |        |        |                                       | LGA            |       | sider     |       |        |    | y Da  |     |      |    |               |               |         |       |
| Mother's Maiden Nar<br>Nationality (for non N<br>Permit Issue Date   | me<br>ligeri        | an)                      | M     |               |      |        |    |       | ther ( | plea | ase sp             | Decify    | y) [          |        |        |                                       | LGA            |       | sider     |       |        |    | y Da  |     |      |    |               |               |         |       |
| Mother's Maiden Nar<br>Nationality (for non N<br>Permit Issue Date<br>State of Origin<br>Tax Identification Nu   | ne<br>ligeri<br>D D | an)                      | M     |               |      |        |    |       | ther ( | plea | ase sp             | Decify    | y)            |        |        |                                       | LGA            |       | sider     |       |        |    | y Da  |     |      |    |               |               |         |       |
| Mother's Maiden Nar<br>Nationality (for non N<br>Permit Issue Date<br>State of Origin<br>Tax Identification Nu<br>2. CONTACT DETAIL  | ne<br>ligeri<br>D D | an)                      | M     |               |      |        |    |       |        |      | ase sp             | oecify    | y)            |        |        |                                       | LGA            |       | sider     |       |        |    | yy Da |     |      |    |               |               |         |       |
| Mother's Maiden Nar<br>Nationality (for non N<br>Permit Issue Date<br>State of Origin<br>Tax Identification Nu<br>2. CONTACT DETAIL  | ne<br>ligeri<br>D D | an)                      | M     |               |      |        |    | Stree |        |      | ase sp             | pecify    | y)            |        |        |                                       |                |       |           |       |        |    | y Da  |     |      |    |               |               |         |       |
| Mother's Maiden Nar Nationality (for non N Permit Issue Date  State of Origin  Tax Identification Nu 2. CONTACT DETAIL   | ne<br>ligeri<br>D D | an)                      | M     |               |      |        |    |       |        |      | ase sp             | pecify    | y)            |        |        |                                       | LGA City/      |       |           |       |        |    | y Da  |     |      |    |               |               |         |       |
| Mother's Maiden Nar Nationality (for non N Permit Issue Date   State of Origin  Tax Identification Nu 2. CONTACT DETAIL Residential Address House Number   | ne<br>ligeri<br>D D | an)                      | M     |               |      |        |    |       |        |      | ase sp             | Decify    | y)            |        |        |                                       |                | /Tow  |           |       |        |    | Ty Da |     |      |    |               |               |         |       |
| Mother's Maiden Nar<br>Nationality (for non N<br>Permit Issue Date<br>State of Origin<br>Tax Identification Nu<br>2. CONTACT DETAIL<br>Residential Address<br>House Number   | me bligeri          | an)  M  Tr (TIN          | M (   |               |      |        |    |       |        |      | ase sp             | Decify    | y)            |        |        |                                       | City           | /Tow  |           |       |        |    | y Da  |     |      |    |               |               |         |       |
| Mother's Maiden Nar Nationality (for non N Permit Issue Date   State of Origin  Tax Identification Nu 2. CONTACT DETAIL Residential Address House Number   Street Name cont.   LGA   Landmark/Nearest  Mailing Address   | me bligeri          | an)  M  Tr (TIN          | M (   |               |      |        |    |       |        |      | ase sp             | Decify    | y)            |        |        |                                       | City           | /Tow  |           |       |        |    | y Da  |     |      |    |               |               |         |       |
| Mother's Maiden Nar<br>Nationality (for non N<br>Permit Issue Date<br>State of Origin<br>Tax Identification Nu<br>2. CONTACT DETAIL<br>Residential Address<br>House Number<br>Street Name cont.  | me bligeri          | an)  M  Tr (TIN          | M (   |               |      |        |    |       |        |      | ase sp             | Decify    | y)            |        | Phone  | l l l l l l l l l l l l l l l l l l l | City           | /Tow  |           |       |        |    | yy Da |     |      |    |               |               |         |       |
| Mother's Maiden Narionality (for non Nationality (f | me bligeri          | an)  M  Tr (TIN          | M (   |               |      |        |    |       |        |      | ase s <sub>l</sub> | Decify    | y)            |        | Phone  | Num                                   | City           | /Tow  |           |       |        |    | yy Da |     |      |    |               |               |         |       |
| Mother's Maiden Narionality (for non Nationality (f | me ligeri mbe       | man)  Tr (TIN)  Tr (TIN) | M ()  | YYYY          | Y    | Y      |    | Stree | et Nai | me   |                    |           |               |        |        |                                       | City/<br>State | /Tow  | n         | Pe    |        |    | yy Da |     |      |    |               |               |         |       |
| Mother's Maiden Narianality (for non Nationality (f | me ligeri mbe       | (TIN)                    | M ()  | YYYY          | Y    | Y      |    | Stree |        | me   |                    |           |               |        |        |                                       | City           | /Tow  | n         | Pe    |        |    | y Da  |     |      |    |               |               |         |       |
| Mother's Maiden Narionality (for non Nationality (f | me ligeri mbe       | man)  Tr (TIN)  Tr (TIN) | M ()  | YYYY          | Y    | Y      |    | Stree | et Nai | me   |                    | asspo     | ort           | e Date | * Ot   | her (f                                | City/<br>State | /Tow  | rn ccify) | Pe    | ermit  |    |       | ate |      |    |               | N Y           |         |       |



| *People in peculiar circumstances- Artisans, Petty Traders  | s, Students who may not have the prescribed | d IDs                                      |        |
|---|---|--|--------|
| Do you have dual citizenship? Yes No If US Citizen, please provide:   | f yes, please specify                       |  |        |
| Social Security Number  | Employee Identificatio                      | on Number:                                 |        |
| Percentage Holding  |   |  |        |
| 4. DETAILS OF NEXT OF KIN   |   |  |        |
| Title Surname   |   |  |        |
| First Name  |   |  |        |
| Middle Name   |   |  |        |
| Date of Birth DDMMMYYYY   | Sex: Male Femele Relation                   | onship                                     |        |
| Contact Details:  |   |  |        |
| House Number S  | Street Name                                 |  |        |
| Street Name cont.   | City/To                                     | own  |        |
| LGA   | Stat  | ate  |        |
|   |   |  |        |
| Phone<br>Number (1)   | Phone Number (2)                            |  |        |
| E-mail address  |   |  |        |
| 7. ADDITIONAL DETAILS   |   |  |        |
| I. Name of affiliated company/Body: 1   |   |  |        |
| 2   |   |  |        |
| 3   |   |  |        |
| II. Parent Company's Country of Incorporation:  |   |  |        |
| III. DETAILS OF ACCOUNTS HELD WITH OTHER BANKS  | BY THE PROSPECTIVE COMPANY/PARTN            | NERSHIP/SOLE PROPRIETORSHIP                |        |
| S/N NAME AND ADDRESS OF BANK/BRANCH   | ACCOUNT NAME ACCOUNT NUMBER                 | DATE ACCOUNT STATUS: OPENED ACTIVE/DORMANT | -      |
| 1   | NOMBER                                      | OF EINED ACTIVE/DORMANT                    | '      |
| 2   |   |  |        |
| 3   |   |  |        |
| 4   |   |  |        |
| 8. AUTHORITY TO DEBIT ACCOUNT FOR S   | 'EADCH DEDODT                               |  |        |
| Access Bank Plc Plot 999C, Danmole Street Offidejo Street, Victoria Island Lagos                              | EARCH REPORT                                |  |        |
| Dear Sir,   |   |  |        |
| I/We hereby authorize you to debit my/our account wit conducted on our account by the Corporate Affairs Commi |   | being the legal cost of :                  | search |
| Yours faithfully,   |   |  |        |
|   |   |  |        |
|   |   |  |        |



# 9. LETTER OF INDEMNITY

The Customer hereby agrees that the Customer shall, at his/its own expense, indemnify, defend and hold harmless Access Bank Plc from and against any and all liability any other loss that may occur, arising from or relating to the operation or use of the Account or the Services or breach, non-performance or inadequate performance by the Customer of any of these Terms or the acts, errors, representations, misrepresentations, misconduct or negligence of the Customer in performance of its obligations.

The Customer shall keep Access Bank Plc indemnified at all times against, and save Access Bank Plc harmless from all actions, proceedings, claims, losses, damages, costs, interest (both before and after judgement) and expenses (including legal costs on a solicitor and client basis) which may be brought against or suffered or incurred by Access Bank Plc in resolving any dispute relating to the Customer's Account with Access Bank Plc or in enforcing Access Bank Plc's rights under or in connection with these Terms and conditions contained herein, or which may have arisen either directly or indirectly out of or in connection with Access Bank Plc performing its obligations hereunder or accepting instructions, including but not limited to, fax and other telecommunications or electronic instructions, and acting or failing to act thereon.

| 10. ACCOUNT MANDATE                          |                                      |   |                           |                |
|--|--------------------------------------|---|---------------------------|----------------|
| (Please tick as appropriate)                 |                                      |   |                           | <b>f</b> 6 V 6 |
| Account Type:                                |                                      |   | Domiciliary Account       | \$ € ¥ £       |
| a. Account name                              |                                      |   | (Please tick as appropria | ate)           |
| b. Account No.                               | (for offi                            | cial use only)                          |                           |                |
| c. Mandate authorisation / Combination rule  | (Please tick as appropriate): Sole S | ignatory Two or more                    |                           |                |
|  |                                      |   |                           |                |
| If two or more are to sign, please specify _ |                                      |   |                           |                |
| Signatories i. Name:                         |                                      |   | _                         |                |
| Surname                                      | First Name                           | Middle Name                             |                           |                |
| Identification Type:                         |                                      |   |                           | РНОТО          |
| Identification No:                           |                                      |   |                           |                |
| Signature                                    |                                      | Date                                    |                           |                |
|  |                                      |   |                           |                |
| Signature & Date                             |                                      | Signature & Date                        |                           |                |
|  |                                      |   | 1                         | 1              |
|  |                                      |   |                           |                |
| Name of Officer                              | Signature                            | Name of Officer                         | Signa                     | ture           |
| 2. Name:<br>Surname                          | First Name                           | Middle Name                             |                           |                |
|  |                                      |   |                           |                |
| Identification Type:                         |                                      |   |                           | PHOTO          |
| Identification No:                           |                                      |   |                           |                |
| Signature                                    |                                      | Date                                    |                           |                |
|  |                                      |   |                           |                |
|  |                                      |   |                           |                |
| Signature & Date                             |                                      | Signature & Date                        |                           |                |
|  |                                      |   |                           |                |
| Name of Officer                              | Signature                            | Name of Officer                         | Signa                     | ture           |
| 3. Name:                                     |                                      | I                                       | ı                         |                |
| Surname                                      | First Name                           | Middle Name                             |                           |                |
| Identification Type:                         |                                      |   |                           | PHOTO          |
| Identification No:                           |                                      |   |                           |                |
| Signature                                    |                                      | Date                                    |                           |                |
|  |                                      |   |                           |                |
| Signature & Date                             |                                      | Signature & Date                        |                           |                |
|  |                                      | 1 |                           |                |
|  |                                      |   |                           |                |
| Name of Officer                              | Signature                            | Name of Officer                         | Signa                     | ture           |



# 11. TERMS AND CONDITIONS

I/ We hereby apply for the opening of an account or accounts with Access Bank.

I/ We have read and understood the Terms and Conditions below/ overleaf governing the opening of an account with Access Bank and those relating to various products and services that I/We have requested including but not limited to Debit Cards /Credit Card/ Internet Banking/ Mobile Banking/ SMS and Email Alerts.

 $I/\ We\ accept\ and\ agree\ to\ be\ bound\ by\ the\ Terms\ and\ Conditions\ including\ those\ excluding/limiting\ the\ Bank's\ liability.$ 

I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/ us. I agree that the bank may debit my account for service charges as applicable from time to time. I/We hereby declare that the information given above is true and correct and to the best of my/our knowledge

|   |        |        |      |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         | D          | ate:  | D       | D     | M N     | 1   | / Y  | Υ     | Υ  |
|---|--------|--------|------|--------|-------|-------|-------|--------|-------|------|-------|----------|-------|------|-------|----------|---------|-------|----------|--------|---------|------|-------|------|---------|------------|-------|---------|-------|---------|-----|------|-------|----|
|   | Sig    | natur  | e:   |        |       |       |       |        |       |      |       |          |       |      |       | Sign     | natur   | e:    |          |        |         |      |       |      |         |            |       |         |       |         |     |      |       |    |
| 12. DECLAR                              | ATIC   | NC     |      |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         |            |       |         |       |         |     |      |       |    |
| CUSTOMER INFO                           | )RMA   | OITA   | Ν    |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         |            |       |         |       |         |     |      |       |    |
| I/We hereby apply<br>such account (s) a |        |        |      |        |       |       |       |        |       |      |       |          | I/We  | e un | ders  | tand     | l that  | t the | info     | rmati  | on g    | iver | n hei | rein | is the  | e bas      | is fo | ope     | ning  |         |     |      |       |    |
| I/we further under                      | take   | to inc | demi | nify t | he B  | ank f | or ar | ny los | s suf | fere | d as  | are      | esult | tofa | any f | alse     | infor   | rmat  | ion c    | r erro | or in   | the  | info  | rma  | ation   | prov       | ided  | by th   | ne Ba | ınk.    |     |      |       |    |
| In witness wherec                       | f, the | com    | ımor | n sea  | ıl of |       |       | N      | ame   | of c | omp   | <br>Dany |       |      |       |          | is      | here  | eby a    | ffixed | l this  | 5    | d     | ay c | of      |            |       | 20      |       | n the   | pre | seno | ce of | ÷. |
|   |        | Di     | roct | or (N  | lame  | ς ςi, | nati  | uro)   |       |      |       |          |       |      |       |          |         |       | _        | Di     | roct    | or/9 | Socr  | otar | 57 (NI: | ame (      | . Sic | natu    | uro)  |         |     |      |       |    |
| 13. SIGNED,                             | SEA    |        |      |        |       |       |       |        | ΞW    | ITH  | IIN I | NA       | ME    | D F  | PER   | 102      | ٧.      |       |          | DI     | rect    | 0172 | beci  | etai | y (146  | ai i i e i | x Jig | natu    | 116)  |         |     |      |       |    |
| Name                                    |        |        |      |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         |            |       |         |       |         |     |      |       |    |
| Status                                  |        |        |      |        |       |       |       |        | Π     | Τ    | T     | T        |       |      |       |          |         | T     | T        |        |         | T    |       |      |         |            |       |         | T     |         |     | T    | T     |    |
| Signa<br>Name<br>Status                 | ture:  |        |      |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         | D          | ate:  | D       | D [   | M       |     | Y Y  | Y     | Υ  |
| Sig                                     | gnatur | e:     |      |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       | _    |         | D          | ate:  | D       | D     | M       | 1   | Y    | Υ     | Υ  |
| _                                       |        |        |      |        |       | (     | Comp  | any s  | eal   |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         |            |       |         |       |         |     |      |       |    |
| 14. IN THE P                            | RES    | ENC    | CE C | )F     |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         |            |       |         |       |         |     |      |       |    |
| Name                                    |        |        |      |        |       |       |       |        |       | L    |       |          |       |      |       |          |         |       |          |        | $\perp$ |      |       |      |         |            |       |         |       |         |     |      |       |    |
| Address                                 |        |        |      |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        | Ţ       | 1    |       |      |         |            |       |         |       |         | L   |      |       |    |
|   |        |        |      |        |       |       |       |        |       | Ļ    |       |          | _     |      |       | <u> </u> | <u></u> |       | <u>_</u> |        | <u></u> |      | _     |      |         |            |       | <u></u> |       | <u></u> | Ļ   |      |       |    |
| Occupation                              |        |        |      |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         |            |       |         |       |         |     |      |       |    |
| Sia                                     | naure: |        |      |        |       |       |       |        |       |      |       |          |       |      |       |          |         |       |          |        |         |      |       |      |         | D          | ate:  | D       | D     | M N     | 1 1 | ΥY   | Υ     | Υ  |



# FOR BANK USE ONLY

# 15. REQUIREMENTS CHECKLIST

| S/N | DOCUMENTS REQUIRED  | PRESENTED | DEFERRED | WAIVED | N/A |
|-----|---|-----------|----------|--------|-----|
| 1.  | Account opening form duly completed   |           |          |        |     |
| 2.  | Specimen signature card duly completed  |           |          |        |     |
| 3.  | Copy of certificate of Registration   |           |          |        |     |
| 4   | BoardResolution   |           |          |        |     |
| 5.  | Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Company   |           |          |        |     |
| 6.  | Form C07 Particulars of Directors/Form C02 allotment of shares  |           |          |        |     |
| 7.  | Form CAC 1.1.   |           |          |        |     |
| 8.  | Partnership Deed  |           |          |        |     |
| 9.  | Approval Letter (for Government Agency)   |           |          |        |     |
| 10. | Gazette (for Government Agency)   |           |          |        |     |
| 11. | Two (2) passport sized photograph of each signatory to the account with name written on the reverse side  |           |          |        |     |
| 12. | Introduction letter with (2) passport sized photograph of contact person or authorized agent  |           |          |        |     |
| 13. | Status report from Banker (where applicable)  |           |          |        |     |
| 14. | Resident Permit (for Non-Nigerians)   |           |          |        |     |
| 15. | Evidence of Registration with SCUML   |           |          |        |     |
| 16. | Search Report   |           |          |        |     |
| 17. | Power of Attorney   |           |          |        |     |
| 18. | Letter of Indemnity   |           |          |        |     |
| 19. | Proof of Company address  |           |          |        |     |
| 20. | Business Premises visitation certificate  |           |          |        |     |
| 21  | Proof of identity of all signatories and Directors whose name appear in the account opening form or document (valid means of ID must be provided) |           |          |        |     |
| 22  | Proof of address of all signatories and Directors,<br>or officers whose name appear on the account opening<br>form/document utility bill          |           |          |        |     |
| 23  | Evidence of registration with NIPC  |           |          |        |     |
| 24  | Copy of the audited financial statements  |           |          |        |     |



| A. ACCOUNT      | OPEN    | NED E   | BY:    |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
|-----------------|---------|---------|--------|-------|-------|----------|--------|-----|-------|----|------------|-----|------|------------|---|---|---|------|------|---|---|---|---|---|-------|---|---------|---------|---------|----------|-----|---|
| Name            |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
|                 | Signa   | ature:  |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
|                 |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   | Date: | D | D       | M N     | и       | Υ        | YY  | 7 |
|                 |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     | _ |
| Name            |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   | $\perp$ | $\perp$ | $\perp$ | $\perp$  |     |   |
|                 | Signa   | ature:  |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
|                 |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   | Date: | D | D       | M N     | Л       | Y        | YY  |   |
| B. DEFERRAL,    | /WAI\   | VER C   | OF D   | OC    | UM    | ENT      | (IF    | ANY | ') AU | ТН | ORI:       | SEI | ) BY | <b>'</b> : |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
| Name            |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
|                 | Signa   | ature:  |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
|                 |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   | Date: | D | D       | M N     | Л       | Y        | YY  |   |
| Name            |         |         |        |       | Τ     |          |        | Т   | Т     |    | Т          |     |      |            |   |   | T |      | Τ    | T |   | Т | Т |   |       |   | Т       | Т       | Т       | Т        |     | 7 |
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|                 | ,       |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   | Date: | D | D       | M N     |         | / Y      | YY  | ٦ |
|                 |         |         |        |       |       |          |        |     | _     | _  |            |     |      |            |   |   | _ |      |      |   |   |   |   | _ | Date. |   |         |         | —       | <u> </u> |     |   |
|                 |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
| C. ADDRESS      | /ERIF   | ICAT    | ION    | ICA   | RRI   | ED (     | TUC    | BY: |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
| Name            |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
|                 | Signa   | ature:  |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
|                 |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   | Date: | D | D       | M       | νI      | Y        | YY  |   |
| Name            |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   | T |       |   |         |         |         |          |     |   |
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|                 |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   | Date: | D | D       | M N     | ЛУ      | / Y      | YY  | 7 |
| Signature:      |         |         |        |       |       | <u>-</u> |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
| COMMENT(S): Add | ress de | escript | ion ai | nd Re | esult | Findir   | ng<br> |     |       |    |            |     |      |            |   |   |   | <br> | <br> |   |   |   |   |   |       |   |         |         |         |          |     |   |
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| D. ACCOUNT      | <br>∩PF |         |        |       |       |          |        |     |       |    | <i>'</i> . |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
| Name            |         |         | 70     |       |       |          |        |     |       | T  | ·<br>T     |     |      |            | Т |   |   |      |      |   |   | Т |   | Т |       |   | Т       | Т       | Т       | Т        |     | 7 |
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|                 | ,       |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   | Date: | D | D       | M N     | И       | / Y      | YY  | ٦ |
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| Name            |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   |       |   |         |         |         |          |     |   |
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|                 |         |         |        |       |       |          |        |     |       |    |            |     |      |            |   |   |   |      |      |   |   |   |   |   | Date: | D | D       | M       | Л       | Y        | YY  |   |



# PRODUCTS AND SERVICES

### Terms and Conditions

Please tick the appropriate account box

# MPOWER BIZ ACCOUNT

#### Product Features

- Minimum opening amount of N50,000
- Minimum daily balance of N100,000
- Zero CAM only up to a maximum monthly turnover of N100Million No restriction on number of withdrawals
- Access to Online and Mobile banking platforms

#### Additional Benefits

- Annual business seminars for qualifying customers based on volume
- SME Tool Kit
- Market Intelligence Report

#### **Account Operating Conditions**

- A daily minimum balance of N100,000 shall be maintained in the account always. In any month where the daily balance in the account falls below the minimum daily balance, CAM charge of N1/mille will be accounted to the daily balance of N1/mille will be acco be applied on all debit transactions for such month.
- Zero CAM benefit shall apply up to a maximum turnover of N100 million monthly. Any turnover above this threshold shall attract a CAM charge of N1/mille.
- All other terms and conditions contained in the account opening package shall also apply to the Mpower Biz account.

### SME GOLD CURRENT ACCOUNT

#### **Product Features**

- Zero CAM subject to compliance with monthly turnover of N50 million
- Minimum opening amount of N10,000
- Minimum daily balance of N20,000 No restriction on number of withdrawals
- Competitive Interest rate
- Access to Online and Mobile banking platforms

#### Additional Benefits

- Cheques are valid for clearing
- Access to free financial planning tools
- Annual business seminars for qualifying customers based on volume

#### **Account Operating Conditions**

- A daily minimum balance of N20 000 shall be maintained in the account always. In any month where the daily balance in the account falls below the minimum daily balance, CAM charge of N1/mille will be applied
- on all debit transactions for such month. Zero CAM benefit shall apply up to a maximum turnover of N50 million monthly. Any turnover above this
- threshold shall attract a CAM charge of N1/mille. All other terms and conditions contained in the account opening package shall also apply to the SME Gold contained in the account opening package shall also apply to the SME Gold contains the same of the sam Current account

## GOLD CURRENT ACCOUNT

# Product Features

- Zero CAM subject to compliance with monthly turnover of N5 million Minimum opening amount of N5,000
- Minimum daily balance of N5,000
- No restriction on number of withdrawals
- Access to Online and Mobile banking platforms

### Additional Benefits

- Cheques are valid for clearing
- Access to free financial planning tools

### **Account Operating Conditions**

- A daily minimum balance of N5,000 shall be maintained on the account always
- Zero CAM benefit shall apply up to a maximum turnover of N5 million monthly. Any turnover above this threshold shall attract a CAM charge of N1/mille on the excess.
- All other terms and conditions contained in the account opening package shall also apply to the Gold Current account.

# COMMUNITY SAVINGS

## **Product Features**

- Minimum opening and operating amount of N10,000
- 4.2% credit interest per annum payable month
- Zero Current Account Maintenance Fee (CAMF) Monthly free withdrawal limit of N1 million
- No card issuance on account
- No deposit of OBC's/ Dividend warrants not allowed
- Access to Online banking platform

### Additional Benefits

Access to the account via cheque book for account signatories only

## **Account Operating Conditions**

- Monthly interest will not be earned if there are more than four withdrawals within the month or account balance goes below N10,000 in the month A charge of N3 per mille will apply on the excess amount if total withdrawal amount
- xceeds N1million in a month
- All other terms and conditions contained in the account opening package shall also apply to the Community Savings Account.

# COMMUNITY CURRENT

### **Product Features**

- Minimum opening and operating amount of N10,000  $\,$
- No monthly credit interest
- Zero Current Account Maintenance Fee (CAMF)

- Monthly maintenance fee of N500
- Monthly free withdrawal limit of N1million
- No card issuance on account No deposit of OBC's/ Dividend warrants not allowed
- Access to Online banking platform

#### Additional Benefits

Cheques are valid for clearing

# **Account Operating Conditions**

- The monthly maintenance fee of N500 is waived if a minimum balance of N100,000 is maintained
- A charge of N3 per mille will apply on the excess amount if monthly withdrawal amount exceeds N1 million in a month.
- All other terms and conditions contained in the account opening package shall also apply to the Community Current Account.

| D D A |  |
|-------|--|
| DBA   |  |

- These Terms and Conditions govern your subscription and operation of a DBA Account. Please read these terms and conditions carefully as by signing the column provided below, you confirm that you accept and agree to comply with them.
- Do note that Access Bank Plc ("Access Bank" or "the Bank") reserves the right to change these terms and conditions at any time and will promptly notify you of any change thereto
- You are at liberty to open and maintain any of the variant of the DBA Account as shown in the DBA Product Table subject to your compliance with our account opening and maintenance requirement as well as with the terms and conditions hereunder.
- For the duration of your subscription to a DBA account, you consent to the deduction of the monthly fixed charges applicable to such account, irrespective of such account inactivity.
- Subject to compliance with the Bank's account closure procedures, you may unsubscribe from this product at your discretion through your Relationship Manager

#### DBA PRODUCT TABLE

| DBA Variants                              | Minimum<br>Opening<br>Amount | Monthly<br>Operating<br>Balance | Monthly<br>Fixed<br>Charge | DBA Variant<br>Monthly Debit<br>Limit | Penalty for<br>exceeding debit<br>turnover limit | Sign against<br>preferred<br>variant |
|---|------------------------------|---------------------------------|----------------------------|---------------------------------------|--|--------------------------------------|
| BASIC<br>(unregistered<br>businesses)     | N10,000                      | N5.000                          | N2,000                     | N4M**                                 |  |                                      |
| BASIC<br>(Registered<br>Businesses)       | N10,000                      | N5,000                          | N2,000                     | N4M**                                 |  |                                      |
| GROWING<br>(Registered<br>Businesses)     | N15,000                      | N10,000                         | N4,000                     | N12M**                                | 0.3% on the excess                               |                                      |
| ESTABLISHED<br>(Registered<br>Businesses) | N30.000                      | N25,000                         | N7.500                     | N50M**                                |  |                                      |

<sup>\*</sup> Monthly fees may be waived by the Bank if a daily minimum balance of N1,000,000 is maintained for the

### **DBA Benefits**

In connection with opening and operating a DBA Account, at the discretion of the Bank, you shall be granted access to the following benefits: free business advisory service via our dedicated Emerging Business Officers, access to business consultation services through our Business Clinic, periodic e-newsletters that address topical issues affecting MSMEs, access to SMEZone, access to business loans, invitation to networking sessions and access to business registration service.

Access Bank reserves the right to add to, suspend, withdraw or cancel any of the benefits at any time without recourse to you

## ACCESS SCHOOL ADVANTAGE

- I/ We hereby agree that by completing this form, I/We hereby consent to the terms & conditions of the School Banking Initiative with Access Bank.
- $I/We \ agree \ that, \ I/We \ shall \ be \ entitled \ to \ discounts \ attached \ to \ this \ banking \ initiative \ as \ defined \ and$ amended by the Bank from time to time
- $I/We \ agree \ that, \ I/We \ shall \ have \ access \ to \ other \ products \ and \ services \ outside \ this \ initiative \ but \ at \ the$ standard pricing and features of such a product or service as provided by the Bank from time to time.
- I/We agree to do all that is necessary to bring into effect the Bank's Financial Planning Initiatives for the students/pupils of my/our school. I/We agree that from time to time fees and remunerations generated from my/our institution shall be
- I/We agree to use the Bank's collections/payment platform for collection of fees and payment of
- I/We agree to assume full responsibility for the genuineness or correctness and validity of all payment instructions
- $Access \ Bank \ Plc \ reserves \ the \ right \ to \ terminate \ and \ or \ amend \ this \ agreement/initiative \ and \ shall \ duly \ notify \ the \ customer \ of its \ intention \ to \ do \ so. \ The \ agreement \ may \ also \ be \ terminated \ if \ either \ party \ gives$ a 30 days written notice to the other to that effect

<sup>\*</sup>Breaching the DBA variant monthly debit turnover will attract a charge of 0.3% on the excess.

<sup>\*</sup>Migration out of DBA is free. The monthly charges will apply prior to account migration.



#### Introduction

- This agreement is a service agreement, which applies to communications (defined below).

  The customer will provide to Access Bank Plc all documents and other information reasonably required by it connection with this agreement. 1.2

Access Bank Plc, relies on the authority of each person designated (in a form acceptable to Access Bank PLC) by the customer to end communications or do any other thing until Access Bank PLC has received written notice or other notice acceptable to it of any change from a duly authorized person and Access Bank PLC has had a reasonable time to act (after which time it may rely on the change).

#### Communications

- Each of the Customer and Access Bank PIc will comply with certain agreed security procedures (the "procedures"), designed to verify the origination of communications between them
- such as enquiries, advices and instructions (each a "communication")

  Access Bank PLC is not obliged to do anything other than what is contained in the procedures to establish the authority or identify of the person sending a communication. Access Bank PLC is not responsible for errors or omissions made by the customer or the duplication of any communication by the customer and may act on any communication by reference to an account number only, even if an account name is not provided. Access Bank PLC may act on a communication if it reasonably believes it contains sufficient information
- Access Bank PLC may decide not to act on a communication where it reasonably doubts its contents, authorization, origination or compliance with the procedures and will promptly notify the customer (by telephone if appropriate) of its decision.
- If the customer informs Access Bank PLC that he/she wishes to recall, cancel or amend a communication, Access Bank PLC will use its reasonable efforts to comply
- If Access Bank PLC acts on any communication sent by any means requiring manual intervention (such as telephone, telex, electronic mail or disk sent by messenger) then, if Access Bank PLC complies with the procedures, the customers will be responsible for any loss Access bank PLC may incur connection with that communication 3.5

The customer will notify Access Bank PLC in writing of anything incorrect in a statement promptly and in any case within thirty (30) days from the date on which the statement or advice is sent to the customer.

- Access Bank PLC will act in a good faith and with reasonable care, as determined in accordance with the standards and practices of the banking industry, and may use any communications, clearing or payment system, intermediary bank or other entity (each a "system") it reasonably selects; Access Bank PLC's performance is subject to the rules and regulations at any time of any system
- Neither the customer nor Access Bank PLC shall have any liability or any indirect, incidental or consequential loss or damages (including loss or profit), even if advised of the possibility of such loss or damages.
- Neither the customer nor Access Bank PLC will be responsible for any failure to perform any of its obligations under this agreement if such performance would result in being in breach of any law, regulation or other requirement of any governmental or other authority in accordance with which it is required to act or if its performance is prevented, hindered or delayed by a force Majeure Event; in such case its obligation shall be suspended for so long as the Majeure Event continues. "Force Majeure Event" means any event due to any cause beyond the reasonable control of the relevant party, such as restrictions on convertibility of transferability, requisitions, involuntary transfers, unavailability of any system, sabotage, fire, flood, explosions, acts of God, civil commotion, strikes or industrial action of any kind, riots, insurrection, war acts of government.

#### **Customer Information**

Access Bank PLC will treat information relating to the customer as confidential, but (unless consent is prohibited by law) the customer consents to the transfer and disclosure by Access Bank PLC of any information relating to the customer to and between the branches, subsidiaries, representatives offices, affiliates and agents of Access Bank PLC and third parties selected by any of them, wherever situated, for confidential use (including in connection with the provision of any service or product and for data [processing, statistical and risk analysis purposes). Access Bank PLC and any branch, subsidiary, representative office, affiliates agent or third party may transfer and disclose any such information as required by any law, court, regulator or legal process.

#### Termination

The customer or Access Bank PLC may terminate this agreement on reasonable notice (taking into account any communications and any service or product affected).

- Neither the customer nor Access Bank PLC may assign or transfer any of its right or obligations under this agreement without the other's written consent, which will not be unreasonably withheld or delayed, provided that Access Bank PLC may take such an assignment or transfer to a branch, subsidiary or affiliate if it does not materially affect the provision of services to
- 8.2 If any provision of this agreement is or becomes illegal, invalid or unenforceable under any applicable law, the remaining provision of this agreement will remain in full force and effect (as will that provision under any other law).
- No failure or delay of the customer or Access Bank PLC in exercising any right or remedy under this agreement will constitute a waiver of that right. Any waiver of any right will be limited 8.3 to the specific instance. The customer and Access Bank PLC consent to the telephonic or electronic monitoring or recording for security and quality of service purposes and agree that either may produce
- telephonic or electronic recordings or computer records as evidence in any proceedings brought in connection with this agreement Written notice shall be effective if delivered to the party's address specified below (or at any other address it may provide by written notice for this purpose). Notices shall be English
- unless otherwise agreed.

### Disclosure of information

If a fraudulent activity is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to appropriate law enforcement agencies'

CAUTION: ACCESS BANK PLC SHALL NOT BE LEGALLY OR OTHERWISE RESPONSIBLE WHERE A CUSTOMER'S USERNAME AND PASSWORD KNOWN ONLY TO THE CUSTOMER IS ACCURATELY PROVIDED BY ANY OTHER PERSON APART FROM THE CUSTOMER FOR ANY TRANSACTIONS AS ACCESS BANK PLC MAY ACT ON SUCH COMMUNICATION WHERE IT REASONABLY CONTAINS SUFFICIENT INFORMATION BELIEVED TO HAVE EMANATED FROM THE CUSTOMER.

### CONSENT TO DISCLOSE MY/OUR CREDIT INFORMATION TO CREDIT REFERENCE AGENCIES

Access Bank PLC is a member of a Credit Reference Agency (CRA) licensed by the Central Bank of Nigeria (CBN) to create, organize and manage database for the exchange and sharing of information to credit status and history of individuals and businesses. This information shall be used for business purposes approved by the CBN and any relevant statute. As a member of CRA, the Bank is under obligation to disclose to CRAs credit information and any other "personal information" disclosed to it in the course of banker-customer relationship with it. By submitting information to the Bank (whether or not you proceed with your transaction):

- You agree that the Bank may collect, use and disclose such information to CRA' and that the credit bureau may use the information for any approved business purposes as may from time to time be prescribed by the CBN and/ or any relevant statute;
- You understand that information held about you by the CRAs may already be linked to records relation to one or more of your partners. You may be treated as financially linked and your application will be assessed with reference to any 'associated' records. In addition, for any joint application made by you with any other person(s), new 'financial association' may be
- application will be assessed with reference to any associated records. In addition, for any joint application made by you with any other person(s), new limitancial association may be created at the CRAs which will link our financial records;
  You hereby warrant that you are entitled to disclose information about, any co-applicant or guarantor and/ or anyone else referred to by you, and to authorize us to search and/or record such guarantor or other person. You understand that an "association" will be created at the CRAs, which will link your financial records. You hereby agree to indemnify and hold the Bank harmless against all claims costs, fees, expenses, damages and liabilities against the Bank relating to, or arising as a result of, the disclosure of information about such co-applicant or guarantor or other person or any use of such information by CRAs in compliance with the provisions of any CBN Guideline and/or relevant statute.
- You hereby release and discharge the Bank from its obligations under the Banker's duty of secrecy and forswear your right to any claim, damages, loss etc on account of such disclosure to CRAs or use by the CRAs

| IWEUNDERSTAND THAT THE INFORMATION GIVEN HEREIN IS TH  | APPLY FOR THE OPENING OF AN ACIE BASIS FOR OPENING SUCH ACCOUNT(S) AND HEREE |                             |  |  |  |  |  |  |  |  |  |  |
|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|
| /E HEREBY CONFIRM THAT I/WE HAVE READ THE ABOVE TERMS AND CONDITIONS AND AFFIRM THAT I/WE TRULY UNDERSTAND AND ACCEPT SAME AS BINDING ON ME/US |  |                             |  |  |  |  |  |  |  |  |  |  |
| Authorized Signatory & Date  |  | Authorized Signatory & Date |  |  |  |  |  |  |  |  |  |  |
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