

DEPOSIT MANDATE FORM

| ACCOUNT DETAILS | | | | | |
|--|-------------------------|--------------------|------------------|-----------------------------------|--|
| Name of Investor | | | | Passport | |
| Address | | | | Photograph | |
| DEPOSIT MANDATE | | | | | |
| Value of Investment | | Interest Rate | | | |
| | | | | | |
| Source of Funding (Tick as Appropriate) Ca | ash Saving Accour | t Current Accou | nt Others (speci | fy) | |
| Account Number to Debit | Existing TD Account Num | ber | Repayment / In | terest Credit to Account Number | |
| Type of Investment (Tick as Appropriate) | ked Deposit-FD | ll Deposit-CD | Others | | |
| Tenor : 30 Days 60 Days 90 Days 18 | 365 Days 365 Days | Interest Payment: | Up front At | Maturity | |
| At maturity: Roll over Deposit with Interest for — Roll over Principal for — | days and credit inter | | | t | |
| Please Note: Roll over will be at the bank's prevailing | interest rate. | | | | |
| Authorised Signatory (ies) | | | | | |
| Name | | Signature | | | |
| NameSignature | | | | | |
| Name | | J | | | |
| Signing Instruction | | | | | |
| PERSONAL INFORMATION (Required for O | pening Money Mark | et Account for Wal | k-In Customers O | nly) | |
| Surname | First Name | e | 1 | Middle Name | |
| Title: Mr Mrs Miss Chief | Dr Others: | Mother Maiden's N | ame | Gender: Male Female | |
| Date of Birth dd / mm / yy Place of Birth | | State of Origin | L | .GA | |
| | orced Widowed | | · · | | |
| Nationality Valid Drivers L | icence No. | Int'l Passport No. | Na | tional ID No. | |
| Residential Address | | | Mailing / | Address (P. O. Box) if applicable | |
| | | | | | |
| Home Tel. No. | obile (1) | | Mobile (2) | | |
| Office Tel(s): | E-mail Address | | | | |

| Mother Maiden's Name Mother Maiden's Name | PERSONAL INFORMATION OF 2nd | d SIGNATORY (Requ | uired for Ope | ning Money Market | Account fo | r Walk-In Customers Only) |
|---|--|------------------------------|-------------------|-------------------------|-------------------|-------------------------------------|
| Itle: Mr | Surname | First Name | | | | Middle Name |
| Agrital Status: Single Married Divorced Widowed | Fitle: Mr Mrs Miss 0 | Chief Dr Othe | | Mother Maiden's Name | | Gender: Male Female |
| Address Sangle Married Divorced Widowed Sationality Valid Drivers Licence No. Int'l Passport No. National ID No. Sesidential Address Mailing Address (P. O. Box) if applicable Some Tel. No. Mobile (1) Mobile (2) Soffice Tel(s): E-mail Address | | of Birth | | State of Origin | | LGA |
| Astionality Valid Drivers Licence No. Int'l Passport No. National ID No. Astional ID No. Mailing Address (P. O. Box) if applicable desidential Address Mailing Address (P. O. Box) if applicable | | Divorced \(\) | Widowed | | | |
| DENTIFICATION / ADDRESS PROOF (For Walk-In Customers Only) Please provide a copy of any of the following valid documents where required International Passport Driving License National Identity Card Proof of Residence 1 Recent Passport Photograph | | d Drivers Licence No. | Int | 'l Passport No. | 1 | National ID No. |
| DENTIFICATION / ADDRESS PROOF (For Walk-In Customers Only) Please provide a copy of any of the following valid documents where required International Passport | Residential Address | | | | Mailing | g Address (P. O. Box) if applicable |
| DENTIFICATION / ADDRESS PROOF (For Walk-In Customers Only) Please provide a copy of any of the following valid documents where required International Passport Driving License National Identity Card Proof of Residence 1 Recent Passport Photograph Copy of Certificate of Incorporation / Business Registration Copy of Memorandum & Articles of Association Copy of CO2 Form CO7 Reference Form (1) FOR ACCESS BANK USE ONLY Name of Relationship Officer Branch /TeamVCode Date dd / mm / y A/C opening form verified by (Customer Care Officer): Signature Date dd / mm / y K Y C CERTIFICATION ACCOUNT HOLDER DETAILS Name Relationship Decupation / Nature of Activity Residential Address Signature Date | Home Tel. No. | Mobile (1) | | Mok | pile (2) | |
| Please provide a copy of any of the following valid documents where required International Passport | Office Tel(s): | | ail Address | | | |
| Please provide a copy of any of the following valid documents where required International Passport | | | | | | |
| International Passport | | | | | | |
| Copy of Certificate of Incorporation / Business Registration | Please provide a copy of any of the following | ig valid documents whe | re required | | | |
| Copy of Certificate of Incorporation / Business Registration | International Passport Driving | g License Nat | ional Identity Ca | rd Proof of Re | sidence | 1 Recent Passport Photograph |
| Reference Form (1) FOR ACCESS BANK USE ONLY Name of Relationship Officer A/C opening form verified by (Customer Care Officer): Signature Date dd / mm / yy K Y C CERTIFICATION ACCOUNT HOLDER DETAILS Name Relationship Occupation / Nature of Activity Residential Address I hereby confirm having completed the due diligence pertaining to the customer and adherence to the KYC norms as per the guidelines applicable as of date. Signature Date Comments on customer due diligence Is the customer from a faraway locality? Yes No If yes, give reason Documentation verified: OPS Head: Date Date Date Date Date Date Date Date Date Signature Date Date Date Date Signature Date Date Date Date Signature Date | | - | | | | |
| POR ACCESS BANK USE ONLY Name of Relationship Officer A/C opening form verified by (Customer Care Officer): Signature Date dd / mm / yy K Y C CERTIFICATION ACCOUNT HOLDER DETAILS Name Relationship Occupation / Nature of Activity Residential Address Hereby confirm having completed the due diligence pertaining to the customer and adherence to the KYC norms as per the guidelines applicable as of date. Name of the visiting official of the bank Signature Date Comments on customer due diligence Is the customer from a faraway locality? Yes No If yes, give reason Documentation verified: OPS Head: Signature Date dd / mm / yy Date | Copy of Certificate of Incorporation / B | usiness Registration [| Copy of Me | emorandum & Articles of | Association [| Copy of CO2 Form CO7 |
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| Is the customer from a faraway locality? | Comments on customer due dilige | nco | | | | aa / mm / yy |
| Documentation verified: OPS Head: Signature Date dd / mm / yy Deferral of Documents Authorised By: Signature Date | | | e reason | | | |
| Deferral of Documents Authorised By: Signature | Documentation verified: OPS Head: | | | Date | | |
| Deferral of Documents Authorised By: Signature / / / | | Signature | | dd | / mm / | уу |
| | Deferral of Documents Authorised | By: Signature | | Date | / mm / | уу |