

DEPOSIT MANDATE FORM

ACCOUNT DETAILS			
Name of Investor			Passport Photograph
Address			
DEPOSIT MANDATE			
Value of Investment		Interest Rate	
Source of Funding (Tick as Appropriate) <input type="checkbox"/> Cash <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (specify) _____			
Account Number to Debit	Existing TD Account Number	Repayment / Interest Credit to Account Number	
Type of Investment (Tick as Appropriate) <input type="checkbox"/> Fixed Deposit-FD <input type="checkbox"/> Call Deposit-CD <input type="checkbox"/> Others			
Tenor: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> 365 Days		Interest Payment: <input type="checkbox"/> Up front <input type="checkbox"/> At Maturity	
At maturity: <input type="checkbox"/> Roll over Deposit with Interest for _____ Days <input type="checkbox"/> Terminate Principal-Interest to account			
<input type="checkbox"/> Roll over Principal for _____ days and credit interest into account <input type="checkbox"/> Others, please state			
Please Note: Roll over will be at the bank's prevailing interest rate.			
Authorised Signatory (ies)			
Name _____		Signature _____	
Name _____		Signature _____	
Name _____		Signature _____	
Signing Instruction _____			
PERSONAL INFORMATION (Required for Opening Money Market Account for Walk-In Customers Only)			
Surname _____		First Name _____	Middle Name _____
Mother Maiden's Name _____			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Chief <input type="checkbox"/> Dr Others: _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth dd / mm / yy	Place of Birth	State of Origin	LGA
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Nationality	Valid Drivers Licence No.	Int'l Passport No.	National ID No.
Residential Address			Mailing Address (P. O. Box) if applicable
Home Tel. No.	Mobile (1)	Mobile (2)	
Office Tel(s):	E-mail Address		

PERSONAL INFORMATION OF 2nd SIGNATORY (Required for Opening Money Market Account for Walk-In Customers Only)

Surname		First Name		Middle Name
Mother Maiden's Name				
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Chief <input type="checkbox"/> Dr		Others:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth dd / mm / yy		Place of Birth	State of Origin	LGA
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Nationality	Valid Drivers Licence No.	Int'l Passport No.	National ID No.	
Residential Address			Mailing Address (P. O. Box) if applicable	
Home Tel. No.		Mobile (1)	Mobile (2)	
Office Tel(s):		E-mail Address		

IDENTIFICATION / 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 /Team/Code	Date dd / mm / yy
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.

Name of the visiting official of the bank	Signature	Date dd / mm / yy

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

Deferral of Documents Authorised By:

	Signature	Date dd / mm / yy