

ACCOUNT OPENING FORM-INDIVIDUAL

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following ABC

	Category of Account: (Tick as appropriate)
	Individual Joint Fixed Investment Others (Please specify)
	Type of Account (Please tick as appropriate) \$ € ¥ €
	Instant Savings Current Instant Savings Tier 1 Instant Savings Tier 2 Savings Current Savings
	Solo High Interest Deposit Account Early Savers Tier 2 Early Savers Tier 3 Every Day Banking Account No. (for official use only) BVN:
	Branch
1	PERSONAL INFORMATION
	Title: Surname:
	First Name:
	Middle Name:
	Marital Status: (please tick) Single Married Others (please specify) Gender: F M
	Mother's Maiden Name:
	State of Origin: Local Govt. Area
	Nationality: (for non Nigerian) Resident permit No.
	Issue Date: DDMMYYYYY Expiry Date: DDMMYYYYY Date of Birth: DDMMYYYYY
	Tax Identification Number (TIN) Purpose of Account:
	Do you have dual citizenship? Yes No If yes, please specify
	If US Citizen/Resident, please provide Social Security Number:
2	CONTACT DETAILS
	Residential Address
	House Number: Street Name:
	Landmark: City/Town:
	Local Govt. Area: State:
	Mailing Address:
	E-mail address:
	Mobile No.: Phone No.:
3	VALID MEANS OF IDENTIFICATION
	National ID Card National Driver's License International Passport INEC Voter's Card
	* Others (please specify) ID No.: D D M M Y Y Y Y Y Y Y Y Y Y Y
	Issue Date:

*People in peculiar circumstances- Artisans, Petty Traders, Students who may not have the prescribed ID's



4. ACCOUNT SERVICE(S) REQUIRED (please tick option below)

Card Preferences (Fees Apply): Debit Card	Master Card	Verve Card	VISA Card
Would you like to opt out of this service (Debit Card)?		Yes	
Electronic Banking Preference (Fees Apply):	Online Banking	Mobile Banking	Mobile Wallet
Token Preference (Fees Apply):	Hard Token	Soft Token	
Transaction Notification Preference:	Email Alert (Free)	SMS Alert (Fees Apply)	
Transaction Notification Rule:	Debit Only	Credit Only	Debit & Credit Threshold(If Required)
Statement Preference:	Email (free)	By Post	In-Branch
Statement Frequency: Weekly	Monthly	Quarterly	Semi-annually Annually
Cheque Book Requisition: 25 Leaves	50 Leaves	100 Leaves	Opened cheque Crossed Cheque
Cheque Confirmation: No	Yes	Threshold (if Yes)	
5. EMPLOYMENT DETAILS			
Employment Status: Employed Self Empolyed Annual Salary/Expected Annual Income	Unemployed	Retired	Student Others —
Annual Salary: (a) N0 -N50,000 (b) N51,00	0 - N250,000 (c)	N251,000-N500,000	(d) N501,000-Less than N1000,000
(e) N1milion-Less thanN5milion (f) N5million-Le	ess-than N10million	(g) N10million-Less tha	n N20million (h) Above N20million
Employer's Name:		D (if	ate of Employment employed):
Employer's Address: Plot Number:	Street Name		
	Nearest Bus St	op/Landmark:	
City/Town:	Local G	ovt. Area:	
	ture of Business/		
Office Phone Number:		Fax Nun	nber:
6. DETAILS OF NEXT OF KIN			
Title: Surname:			
Middle Name:		FirstName:	
Relationship:			Gender: F M
		Mobile	
Date of Birth:		I I I I I	
E-mail address:			
Contact Details			
House Number: Street Name:			
Landmark:			City/Town:
Local Govt. Area:			State:



7. ADDITIONAL DETAILS													
Name of Beneficial Owner(s):													
Spouse Name:]												
Spouse Date of Birth:	Spouse's Occupat	ion											
Sources of Fund to the Account													
Expected annual income from other sources													
Name of associated business(es) (if any):													
Type of Business:													
Business Address:													
8. ACCOUNT MANDATE													
3. ACCOUNT MANDATE													
Account Name:													
Account No.		rization/Combination ru	le:			Signatory	y						
(for official use only)	(Please tick as app	ropriate)	Either to sign	☐ Both to sign	Sole	. orginator j	Signatories						
Signatories													
•		ropriate)											
Signatories	First Name:		Middle Name:										
Signatories Surname:	First Name: Identification No:		Middle Name:										
Signatories Surname:	First Name: Identification No:		Middle Name:										
Signatories Surname: Identification Type: Signature	First Name: Identification No: — Date: D D M		— Middle Name: — Phone Numbe	r:									
Signatories Surname: Identification Type: Signature Signatories (Joint Applicant) Surname:	First Name: Identification No: — Date: D D M First Name:	M Y Y Y Y	Middle Name: Phone Numbe Middle Name:	r:									
Signatories Surname: Identification Type: Signature Signatories (Joint Applicant)	First Name: Identification No: — Date: D D M First Name: Identification No: —	M Y Y Y Y	Middle Name: Phone Numbe Middle Name:	r:									
Signatories Surname: Identification Type: Signature Signatories (Joint Applicant) Surname: Identification Type: Signature	First Name: Identification No: — Date: D D M First Name:	M Y Y Y Y	Middle Name: Phone Numbe Middle Name:	r:									
Signatories Surname: Identification Type: Signature Signatories (Joint Applicant) Surname: Identification Type: Signature	First Name: Identification No: — Date: D D M First Name: Identification No: —	M Y Y Y Y	Middle Name: Phone Numbe Middle Name:	r:									
Signatories Surname: Identification Type: Signature Signatories (Joint Applicant) Surname: Identification Type: Signature June 19. DECLARATION I/We hereby apply for the opening of account(s) with Access Ban	First Name: Identification No: — Date: D D M First Name: Identification No: — Date: D D M	M Y Y Y Y M Y Y Y Y	— Middle Name: — Phone Numbe — Middle Name: — Phone Numbe	r:									
Signatories Surname: Identification Type: Signature Signatories (Joint Applicant) Surname: Identification Type: Signature	First Name: Identification No: — Date: D D M First Name: Identification No: — Date: D D M	M Y Y Y Y M Y Y Y Y	— Middle Name: — Phone Numbe — Middle Name: — Phone Numbe	r:	ed are the b								
Signatories Surname:	First Name: Identification No: — Date: D D M First Name: Identification No: — Date: D D M Oate: D D M	M Y Y Y Y M Y Y Y Y that the information give	— Middle Name: — Phone Numbe — Middle Name: — Phone Numbe Phone Numbe en herein and the document information provide	r:	ed are the b	oasis							
Signatories Surname:	First Name: Identification No: — Date: D D M First Name: Identification No: — Date: D D M Oate: D D M	M Y Y Y Y M Y Y Y Y	— Middle Name: — Phone Numbe — Middle Name: — Phone Numbe Phone Numbe en herein and the document information provide	r:	ed are the b	oasis							
Signatories Surname:	First Name: Identification No: — Date: D D M First Name: Identification No: — Date: D D M Oate: D D M	M Y Y Y Y M Y Y Y Y that the information give	— Middle Name: — Phone Numbe — Middle Name: — Phone Numbe en herein and the doc the information provid	r:	ed are the b	oasis							



10. JURAT (This should be adopted where the applicants is not literate or is blind and the form is read to him or her by a third party)

ragree to ablue by the con	tent of this agreement	, and acknowledge that it has i	Deen cruly and addibly	Tead over and explained to	me by an interpreter	
Mark of Customer/ Thumbprint:		Magistrate/Col for Oaths:	mmissioner		Date:	
Name of Interpreter:			Address of Interpre	ter:		
			Telephone Number	:	Language of Inte	rpreter:
		F	For Official Use Only			
Name of Officer: ————			Name of C	Officer: ————————————————————————————————————		
Signature:	Dat	e:	Signature	:	Date:	
			For Bank Use Only			
1. REQUIREMENT	CHECKLIST					
Savings Account		Checked	Deferred	Waived		
Duly completed accou	int opening form					
2. Specimen signature ca	ard duly completed					
3. Proof of identity (Origi	nal must be sighted)					
4. Resident permit (for no	on-Nigerians)					
5. Proof of Address						
6. Letter from Employer/	/School/NYSC					
Current/Domiciliary/	Other types of Accou	n t Checked	Deferred	Waived		
Duly completed account	nt opening form					
2. Specimen signature ca	ard duly completed					
3. Two (2) independent a	nd satisfactory referer	nces				
4. Proof of identity (Origi	nal must be sighted)					
5. Resident permit (for no	on-Nigerians)					
6. Two (2) independent a	nd satisfactory referer	nces				
7. Letter from Employer/	/School/NYSC					
8. Other document provi	ided					



AUTHENTICATION FOR FINANCIAL INCLUSION Is the customer socially or financially disadvantaged? If answer to the above (i) above is yes, state other documents obtained in line with the Bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77 (4) of AML/CFT Regulation, 2013 No Does the Customer enjoy tiered KYC requirements? Yes If answer to question (iii) above is yes, identify the customer risk category: Low Risk Medium Risk High Risk AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS Is the Applicant a Politically Exposed Person? Yes No For Bank Use Only 14. ACCOUNT OPENED BY: Name: Surname: -Signature 15. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY: Surname: -Name: Signature D D М 16. ADDRESS VERIFICATION CARRIED OUT BY: Surname: -Signature Date: Comment(s) (Address description and result finding): ACCOUNT OPENING AUTHORIZED/APPROVED BY: Surname: Name: Signature



18. PRODUCTS AND SERVICES: TERMS AND CONDITIONS

Please tick the appropriate account box

DIAMONDXTRA ACCOUNT	
Product Features	

- Minimum opening amount of \\$5,000
- 2% interest per annum payable monthly
- Free withdrawal limit of ¥10million monthly
- Daily ATM withdrawal limit of ¥150.000
- Access to Online and Mobile banking platforms

Additional Benefits

- Opportunity to win Salary 4Life, Education grant, free rent, cash prizes etc.
- Access to Health Insurance (provided by Hygeia HMO) of #6,000 annually

- A strict minimum balance of \\$5,000 is put on hold upon account opening.
- Monthly interest will not be earned if there are more than four (4) withdrawals within the month
- A charge of ₦1 per mille applies on the excess amount if monthly debit turnover exceeds ₦10million in a month
- All other terms and conditions contained in the account opening package shall also apply to the DiamondXtra account.

HIDA ACCOUNT

Product Features

- Minimum opening amount of ₩100,000
- A minimum operating balance of ₦500
- A competitive tiered interest rate accrued daily and payable monthly.

Bands (₦)	Rate (per annum)
Less than ₩100,000	2.00%
₩100,000 - ₩ 999,999	4.50%
₩1,000,000 - ₩4,999,999	5.00%
₩5 million and above	6.00%

- No Debit Card
- No cheque book
- Allows deposit of Cheques and Dividend warrants from other Banks directly into your account
- Access to Online and Mobile banking platforms

Additional Benefits

• Standing Instruction set-up (This can be done on our Online banking platform or In-branch)

Account Operating Conditions

- $\bullet \ A \ charge \ of \ \$150 \ applies \ monthly \ if \ account \ balance \ goes \ below \ \$5,000 \ any time \ in \ the \ month.$
- Interest is forfeited if more than 4 withdrawals are made in a month
- $\bullet \ All \ other \ terms \ and \ conditions \ contained \ in \ the \ account \ opening \ package \ shall \ also \ apply \ to \ the \ HIDA \ account.$

PREMIUM CURRENT ACCOUNT

- Minimum opening amount of ₩25,000
- Minimum operating balance of ₦25,000
- No Current Account Maintenance Fee (CAMF)
- Withdrawal limit of ¥50million
- No restriction on number of withdrawals
- Access to Online and Mobile banking platforms

Additional Benefits

- ATM daily withdrawal limit of ¥200,000
- Access to Consumer Loans (Personal Loans, Auto Loans etc.)

Account Operating Conditions

- A daily minimum balance of №1,000,000 shall be maintained in the account. In any month where the daily balance in the account falls below the №1,000,000,
- Negotiable Current Account Maintenance Fee (NCAMF) of N1/mille will be applied on all debit transactions for such month. $\bullet \ \ Zero\ NCAMF\ shall\ apply\ up\ to\ a\ maximum\ turnover\ of\ \$50\ million\ monthly.\ NCAMF\ of\ \$1\ per\ mille\ shall\ apply\ to\ turnover\ above\ this\ threshold.$
- All other terms and conditions contained in the account opening package shall also apply to the Premium Current Account.



18. TERMS AND CONDITIONS

Individual Account Opening Form

To Access Bank Plc

I/WE (the Customer) HEREBY REQUEST AND AUTHORISE YOU TO

- 1. Open an account in my/our name and at any time subsequently open further accounts as I/We may direct.
- 2. Honour all orders which may be drawn on the said account provided such orders are signed by me/us and to debit such order to the said account whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase of overdraft and in consideration, I/We agree
- a) To assume full responsibility for the genuineness, correctness and validity of endorsements appearing on all cheques, orders, bills, notes, negotiable instruments, receipts and/or other documents deposited im my/our account.
- b) To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for the conduct of a Savings Account receipt of which I/We hereby acknowledge.
- c) To free the Bank from any responsibility for any loss or damage to funds deposited with the Bank due to any future government order, law, levy, tax, embargo and/or all other causes beyond the Bank's control
- d) That all funds standing to my/our credit are payable on demand only in such local currency as may be in circulation.
- e) To be bound by any notification of change in conditions governing the account directed to my/our last known address and any notice or letter sent to my/our last known address shall be considered as duly delievered and received by me/us at the time it will be delivered in the ordinary course of post.
- f) And I/We note that the Bank will accept no liability whatsoever for funds handed to members of staff outside the Bank's premises.
- g) That any disagreements with entries on my/our Bank Statements will be made by me/us within 15 days of the dispatch of the Bank Statement. Failing receipt by the Bank of a notice of disagreement of entries within 15 days from the date of dispatch of my/our Bank Statement as rendered is correct.
- h) The Customer hereby agrees that the Customer shall, at his/its own expense, indemnify, defend and hold harmless ACCESS Bank 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, misropresentations, misropresentations or the Customer in performance of its obligations.
- 1) Under no circumstances shall ACCESS Bank be liable to the Customer for any indirect, incidental, consequential, special or exemplary damages in connection with the Account or the Services.
- j) ACCESS Bank shall not be liable for any failure to perform any obligation contained in these Terms or for any loss or damage whatsoever suffered or incurred by the Customer howsoever caused and whether such loss or damage is attributable (directly or indirectly) to any dispute or any other matter or circumstances whatsoever.
- k) The Customer shall keep ACCESS Bank indemnified at all times against, and save ACCESS Bank 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 in resolving any dispute relating to the Customer's Account with ACCESS Bank or in enforcing ACCESS Bank'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 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.
- If any sum due and payable by the Customer is not paid on the due date, including without limitation any moneys claimed under this Paragraph, the Customer shall be liable to pay interest (both after as well as before any judgement) on such unpaid sum at such rate or rates as ACCESS Bank may from time to time stipulate from the date payment is due up to the date of payment.
- m) The Customer shall solely be responsible for ensuring full compliance with all the applicable laws and regulations in any relevant jurisdiction in connection with establishment of his/her Account with ACCESS Bank and shall indemnify and keep indemnified ACCESS Bank from all actions, proceedings claims, losses, damages, costs and expenses (including legal costs on a solicitor and client basis) which may be brought against or suffered or incurred by ACCESS Bank in connection with any failure to comply with any such applicable laws/regulations.
- n) The indemnities as aforesaid shall continue notwithstanding the termination of the Account.
- o) That any sum standing to the debit of the current account shall bear interest charges at the rate fixed by the Bank from time to time. The Bank is authorized to debit from the account the usual banking charges, interest, commissions and any service charge set by the Management from time to time.
- p) I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled bylaw you may at any time without notice to me/us combine or consolidate all or any of my/our accounts without any liabilities to you and set off or transfer any sumor sums standing to the credit of anyone or more of such accounts or any other credits, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging tome/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect whether such liabilities be actual or contingents, primary or collateral and joint or several.
- q) I/We shall be solely responsible for the safe-keeping and the confidentiality of the statements of account, balance confirmation certificate, cheque books, Debit card and its PIN, user id and passwords relating to internet banking and such other items relevant or pertaining to the Account.
- r). I/we pledge that we shall not issue any cheque or instruction or instrument on our account without first ensuring that our account with the Bank is sufficiently funded to accommodate such payments. Consequently, we hereby authorize the Bank to report to the Central Bank of Nigeria (CBN), Economic and Financial Crimes Commission and/or any other regulator, details of any transaction or incident of returned cheque or instrument on our accounts due to insufficient funds for further investigation and prosecution.
- s). I/we pledge to comply with the rules and regulations put in place by the CBN regarding dud cheque from time to time. Consequently, we hereby irrevocably and unconditionally authorize the Bank to enforce without further recourse to us, such CBN rules and regulation on dud cheque as may be applicable against us in the event of our breach CBN rules.

$(ADDITIONAL\ TERMS\ AND\ CONDITIONS\ FOR\ DUAL\ CITIZENSHIP\ HOLDERS\ AND/OR\ DUAL\ RESIDENCE\ HOLDERS)$

I/we hereby irrevocably and unconditionally request and authorize the Bank to disclose my/our account details, transaction and confidential information on my/our account to the United States Internal Revenue Service or European Union or any other entity or regulator whether international or local as may be requested from time to time without further recourse to me/us.

I/we hereby irrevocably and unconditionally authorize the Bank to comply without further recourse to me/us with such instructions and directive as may be issued by the United States Revenue Service or European Union or any other regulator having authority over the country or jurisdiction where I/we reside or are nationalized. Such directives includes without limitation deducting any sum on my/our account or withholding any payment on my/our account or made on my/our behalf and freezing my/our account without any need for any order of court.

Consequently, I/we hereby irrevocably and unconditionally indemnifies and hold the Bank, its officers, directors, employees and agents harmless against all claims, costs, liabilities, actions, demands, damages, losses or expenses which they may suffer as a result of compliance with any such regulation or law or requirements as stated above.

Authorized Signatory			
Authorized Signatory	Date: DDMMYYYY	Affix Passport	Affix Passport
	Date: D D M M Y Y Y Y	Photograh Here	Photograh Here