

DEPOSIT MANDATE FORM

ACCOUNT DETAILS

Name of Investor _____

Address _____

Passport
Photograph

DEPOSIT MANDATE

Value of Investment _____

Interest Rate _____

Source of Funding (Tick as appropriate): Cash Saving Account Current Account Others (specify) _____

Account Number to Debit _____

Existing TD Account Number _____

Repayment / Interest Credit to Account Number _____

Fixed Deposit-FD Call Deposit-CD Others

Tenor: 30 Days 60 Days 90 Days 180 Days 365 Days **Interest Payment** Upfront At Maturity

At Maturity: Roll over Deposit with Interest for _____ Days Terminate Principal-Interest to account

Roll over Principal for _____ days and credit interest into account 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: Mr Mrs Miss Chief Dr Others _____ **Gender:** Male Female

Date of Birth dd / mm / yy _____ Place of Birth _____ State of Origin _____ LGA _____

Marital Status: Single Married Divorced 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: Mr Mrs Miss Chief Dr **Others** _____ Gender: Male Female

Date of Birth dd / mm / yy _____ Place of Birth _____ State of Origin _____ LGA _____

Marital Status: Single Married Divorced 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.

For Individual customer:

- International Passport Driving License National Identity Card Proof of Residence 1 Recent Passport Photograph

For Corporate Body:

- Copy of Certificate of Incorporation / Business Registration Copy of Memorandum & Articles of Association Copy of CO2 Form CO7

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 K YC 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: Branch Manager: _____ Signature _____ Date dd / mm / yy _____

Deferral of Documents Authorized By: _____ Signature _____ Date dd / mm / yy _____