

**ACCOUNT OPENING FORM-ENTITIES (Incorporated & Non-Incorporated)**

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 Business**

Limited Liability Company  Partnership  Sole Proprietorship  MDAs  Schools  Others

Type of Account ( Please indicate the type of account you want to open by ticking in the box below)

Corporate Current  Gold Current  Mpower Biz Classic

\$	€	¥	£
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mpower Biz Gold  Mpower Biz platinum  Domiciliary Account

Branch

Account No. (for official use only)

**1. COMPANY DETAILS ( Please complete in BLOCK LETTERS and tick where necessary)**

Company / Business

Certificate of Incorporation/ Registration number

Date of Registration 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Jurisdiction of Incorporation/Registration

Type /Nature of Business

Sector/Industry

Operating Business Address 1

Operating Business Address 2

**Corporate Business**

Address/Registered Office (if different from above)

E-Mail address

Website (if any)

Phone Number (1)

Tax Identification Number

Phone Number (1)  Phone Number (2)

Tax Identification Number (TIN)  CRM No Borrower's Code (where applicable)

Special Control Unit against Money Laundry (SCUM) Reg. No.

**2. ANNUAL TURNOVER**

(a) Less than N50 Million  N50 Million-Less than N500 Million  N500Million-Less than N5 Billion  Above N5 Billion

(b) Is your Company quoted on any Stock Exchange Yes  No

(c) If answer to question (b) is yes, indicate which Stock Exchange and the Stock Symbol:.....

**3. ACCOUNT SERVICE(S) REQUIRED (Please tick option below)**

Card Preferences: Mastercard  Visacard  VerveCard  Others (specify)

Electronic Banking Preferences: Internet Banking  Mobile Banking  ATM/POS  Others(specify)

Transaction Notification: SMS Alert (Fee applies)  E-mail Alert (Free)

Statement Preferences: E-mail (Free)  Post  Branch

Statement Frequency: Monthly  Quarterly  Semi quarterly  Semi annually  Annually

Cheque Book Requisition: Opened cheque  Crossed Cheque  50 Leaves  100 Leaves

Cheque Confirmation: Will you like to Pre-confirm your cheque? Yes  No

Cheque Confirmation Threshold : If the answer to the above is yes, please specify the threshold

**4. CHEQUE CONFIRMATION 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 extant law and existing regulation



3. Surname	<input type="text"/>	Middle	<input type="text"/>																
First Name	<input type="text"/>																		
Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td></tr> <tr><td style="width: 20px;">M</td><td style="width: 20px;">M</td></tr> <tr><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr> <tr><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Mother's maiden <input type="text"/>								
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Means of Identification	<input type="text"/>																		
ID Number	<input type="text"/>																		
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Biometric ID No	<input type="text"/>																		
Occupation	<input type="text"/>																		
Status/Job Title	<input type="text"/>	Position/Office of the Officer	<input type="text"/>																
Residential Address	<input type="text"/>																		
House Number	<input type="text"/>	Street Name	<input type="text"/>																
Nearest Bus Stop/Landmark	<input type="text"/>																		
City/Town	<input type="text"/>																		
Local Govt. Area	<input type="text"/>																		
City/Town	<input type="text"/>																		
Mobile Number	<input type="text"/>	Mobile Number	<input type="text"/>																
E-mail	<input type="text"/>																		
Class of Signatory	<input type="text"/>	Signature _____	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td></tr><tr><td style="width: 20px;">M</td><td style="width: 20px;">M</td></tr><tr><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr><tr><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y								
D	D																		
M	M																		
Y	Y																		
Y	Y																		
		Signature _____																	

**6A. DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTOR/ADMINISTRATION/PRINCIPAL OFFICERS**

1. Surname  Middle

First Name

Date of Birth       Sex: Male  Female  Mother's maiden

Means of Identification

ID Number

ID Issue Date       ID Expiry Date

Biometric ID No

Occupation

Status/Job Title  Position/Office of the Officer

Residential Address

House Number  Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

City/Town

Mobile Number  Mobile Number

E-mail

Do you have dual citizenship Yes  No  If yes, please specify

If US Citizen, please provide:

Social Security Number :

Employee Identification Number:

Percentage Holding

**6A. DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTOR/ADMINISTRATION/PRINCIPAL OFFICERS**

2. Surname  Middle

First Name

Date of Birth       Sex: Male  Female  Mother's maiden name

Means of Identification

ID Number

ID Issue Date       ID Expiry Date

Biometric ID No

Occupation

Status/Job Title  Position/Office of the Officer

Residential Address

House Number  Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

City/Town

Mobile Number  Mobile Number

E-mail

Do you have dual citizenship Yes  No  If yes, please specify

If US Citizen, please provide:  
Social Security Number :

Employee Identification Number:

Percentage Holding

**6A. DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTOR/ADMINISTRATION/PRINCIPAL OFFICERS**

3. Surname  Middle

First Name

Date of Birth       Sex: Male  Female  Mother's maiden

Means of Identification

ID Number

ID Issue Date       ID Expiry Date

Biometric ID No

Occupation

Status/Job Title  Position/Office of the Officer

Residential Address

House Number  Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

City/Town

Mobile Number  Mobile Number

E-mail

Do you have dual citizenship Yes  No  If yes, please specify

If US Citizen, please provide:

Social Security Number :

Employee Identification Number:

Percentage Holding

6B. DETAILS OF A SOLE PROPRIETORSHIP

**1. PERSONAL INFORMATION**

Title  Surname

First Name

Middle Name

Marital Status (Please tick)    Single     Married     Other (please specify)     Gender    F     M

Mother's Maiden Name

Nationality (for non Nigerian)     Resident Permit No

Permit Issue Date            Permit Expiry Date

State of Origin     LGA

Tax Identification Number (TIN)

**2. CONTACT DETAILS**

Residential Address

Street Number     Landmarks

Street Name     City/Town

LGA     State

Mailing Address

Phone Number (1)     Phone Number (2)

E-mail address

**3. MEANS OF IDENTIFICATION**

National ID Card     National Driver's License     International Passport     \* Others (Please specify)

ID No.     ID Issue Date          ID Expiry Date

Biometric ID No

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

**4. DETAILS OF NEXT OF KIN**

Title  Surname

First Name

Middle Name

Date of Birth          Gender    F     M     Relationship

Contact Details

Street Number     Landmarks

Street Name     City/ Town

LGA     State

Mailing Address

Phone 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/PARTNERSHIP/SOLE PROPRIETORSHIP

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT
1					
2					
3					
4					

### 8. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH REPORT

Access Bank Plc  
 Plot 999C, Danmole Street  
 Off Idejo Street,  
 Victoria Island

Dear Sir,  
 We hereby authorize you to debit our account with the sum of N..... being the legal cost of search conducted on our account by the Corporate Affairs Commission.

Yours faithfully,

### 9. LETTER OF INDEMNITY

Financial institutions are permitted to insert their terms to reflect unique business operations

### 10. ACCOUNT MANDATE

(Please tick as appropriate)

a. Category of Accounts

Joint Account  Fixed Investment Account  Other Types of Account

Account Type:

Current Account  Savings Account  Access Solo Account/Investment Savings Account

Access Premier  Gold Current  Domiciliary Account

b. Account name

c. Account No.  (for official use only)

d. Mandate authorisation / Combination rule (Please tick as appropriate): Sole Signatory  Two or more  If two or more are to sign, please specify

#### Signatories

I. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature

Date

PHOTO

Signature & Date

Name Of Officer

Signature

Signature & Date

Name Of Officer

Signature



Signatories

II. Name: Surname First Name Middle Name  
\_\_\_\_\_  
Identification Type: \_\_\_\_\_  
Identification No: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



Signature & Date  
\_\_\_\_\_  
Name Of Officer Signature

Signature & Date  
\_\_\_\_\_  
Name Of Officer Signature

Signatories

II. Name: Surname First Name Middle Name  
\_\_\_\_\_  
Identification Type: \_\_\_\_\_  
Identification No: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



Signature & Date  
\_\_\_\_\_  
Name Of Officer Signature

Signature & Date  
\_\_\_\_\_  
Name Of Officer Signature



**FOR BANK USE ONLY**

**17. REQUIREMENTS CHECKLIST**

S/N	DOCUMENTS REQUIRED	CHECKED	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.	(a) Form C07 Particulars of Directors				
7.	(a) Form C02 Allotment of Shares				
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				
22.	Proof of identity of all signatories and Directors whose name appears n the account opening form or document (valid means f ID must be provided)				
23.	Proof of address of all signatories and Directors or officers whose name appear on the account opening form/document utility bill				
24.	Evidence f registration with NIPC				
25.	Copy of the audited financial statements				
26.	Others (please specify)				

**A. ACCOUNT OPENED BY:**

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

**B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:**

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

**C. ADDRESS VERIFICATION CARRIED OUT BY:**

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

COMMENT(S): Address description and Result Finding

.....  
.....

**D. ACCOUNT OPENING AUTHORIZED/APPROVED BY:**

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

## Introduction

- 1.1 This agreement is a service agreement, which applies to communications (defined below).
- 1.2 The customer will provide to Access Bank Plc all documents and other information reasonably required by it connection with this agreement.

## 2. Authority

- 2.1 Access Bank Plc, rely 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).

## 3. Communications

- 3.1 Each of the Customer and Access Bank Plc 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")
- 3.2 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
- 3.3 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.
- 3.4 If the customer informs Access Bank PLC that it wishes to recall, cancel or amend a communication, Access Bank PLC will use it reasonably efforts to comply.
- 3.5 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

## 4. Statements

- 4.1 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.

## 5. Performance

- 5.1 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
- 5.2 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.
- 5.3 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 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.

## 6. Customer Information

- 6.1 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.

## 7. Termination

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

## 8. General

- 8.1 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 the customer.
- 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).
- 8.3 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 to the specific instance.
- 8.4 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
- 8.5 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.

**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 COMMUNICATIONS 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 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):

1. 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;
2. 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 created at the CRAs which will link our financial records;
3. 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;
4. 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

.....I/WE APPLY FOR THE OPENING OF AN ACCOUNT OR ACCOUNTS WITH ACCESS BANK PLC AND I/WE UNDERSTAND THAT THE INFORMATION GIVEN HEREIN IS THE BASIS FOR OPENING SUCH ACCOUNT(S) AND HEREBY WARRANT THAT SUCH INFORMATION IS CORRECT AND COMPLETE.

I/WE 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

\_\_\_\_\_

\_\_\_\_\_