

# **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

Type of Account   Fined   Others   Please specify
Type of Account   Fileste Blood as apponounce    Current
Instant Savings Tier 1 Savings Tier 2 Savings Premium Gold Current Domiciliary  Solo Deposit Account Early Savers Tier 3 Savings Premium Gold Current Domiciliary  Solo Deposit Account Early Savers Tier 3 Savings Diamond Xtra  Account No. (for official use only)  Branch  I. PERSONAL INFORMATION  Title: Surname:
Solo Deposit Account Early Savers Evergreen Every Day Diamond Xtra  Account No. (for official use only)  Branch  1. PERSONAL INFORMATION  Title: Surname:  Middle Name:  Marriad Status: (please tick) Single Married Others (please specify) Gender: F M M  Mother's Maiden Name:  State of Origin:  Nationality: (for non Nigerian)  Issue Date: D D M M Y Y Y Y Expiry Date: D D M M Y Y Y Y Date of Birth: D D M M Y Y Y Y Y  Tax Identification Number (TIN)  Do you have dual citizenship? Yes No If yes, please specify  If US Citizer/Resident, please provide Social Security Number:
Solo Deposit Account
1. PERSONAL INFORMATION  Title: Surname:   Middle Name:  Middle Name:  Mother's Maiden Name:   Mother's Maiden Name:   State of Origin:  Nationality:  (for non Nigerian)  Issue Date:  D D M M Y Y Y Y Expiry Date:  D D M M Y Y Y Y Date of Birth:  D D J M M Y Y Y Y Purpose of Account:   Tax Identification Number (TIN)  Do you have dual citizenship? Yes No If yes, please specify   If US Citizen/Resident, please provide  Social Security Number:
Title: Surname:  First Name:  Middle Name:  Mother's Maiden Name:  State of Origin:  Nationality:  (for non Nigerian)  Issue Date:  Do you have dual citizenship? Yes No If yes, please specify  If US Citizen/Resident, please provide  Social Security Number:
Title: Surname:  First Name:  Middle Name: Marriad 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)  Issue Date: D D M M Y Y Y Y Expiry Date: D D M M Y Y Y Y Date of Birth: D D M M Y Y Y Y Y  Tax Identification Number (TIN)  Do you have dual citizenship? Yes No If yes, please specify  If US Citizen/Resident, please provide Social Security Number:
First Name:  Middle Name:  Marital Status: (please tick): Single
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)  Issue Date: D D M M Y Y Y Y Y Expiry Date: D D M M Y Y Y Y Y Date of Birth: D D M M Y Y Y Y Y Date of Birth:  Do you have dual citizenship? Yes No If yes, please specify  If US Citizen/Resident, please provide Social Security Number:
Marital Status: [please tick] Single Married Others (please specify) Gender: F M M  Mother's Maiden Name:  State of Origin: Local Govt. Area  Nationality: [for non Nigerian]  Issue Date: D D M M Y Y Y Y Expiry Date: D D M M Y Y Y Y Date of Birth: D D M M Y Y Y Y Y  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:
Marital Status: [please tick] Single Married Others (please specify) Gender: F M M  Mother's Maiden Name:  State of Origin: Local Govt. Area  Nationality: [for non Nigerian]  Issue Date: D D M M Y Y Y Y Expiry Date: D D M M Y Y Y Y Date of Birth: D D M M Y Y Y Y Y  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:
Mother's Maiden Name:  State of Origin:  Nationality: (for non Nigerian)  Issue Date:  D D M M Y Y Y Y  Expiry Date:  D D M M Y Y Y Y  Date of Birth:  D D M M Y Y Y Y  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:
State of Origin:  Nationality: (for non Nigerian)  Issue Date:  D D M M Y Y Y Y  Expiry Date:  D D M M Y Y Y Y  Date of Birth:  D D M M Y Y Y Y  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:
Nationality: (for non Nigerian)  Resident permit No.  Issue Date:  D D M M Y Y Y Y   Date of Birth:  D D M M Y Y Y Y   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:
(for non Nigerian)  Resident permit No.  Issue Date:  D D M M Y Y Y Y  Expiry Date:  D D M M Y Y Y Y  Date of Birth:  D D M M Y Y Y Y  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:
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:
Do you have dual citizenship? Yes No If yes, please specify  If US Citizen/Resident, please provide Social Security Number:
If US Citizen/Resident, please provide Social Security Number:
Social Security Number:
CONTACT DETAILS
2. CONTACT DETAILS  Residential Address
House Number: Street Name:
Landmark: City/Town: 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.:
Issue Date: DDMMMYYYYY  Expiry Date: DDMMMYYYYY

 $<sup>{\</sup>bf *People\ in\ peculiar\ circumstances-Artisans, Petty\ Traders, Students\ who\ may\ not\ have\ the\ prescribed\ ID's}$ 



## 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 Annually
Cheque Book Requisition: 25 Leaves	50 Leaves	100 Leaves Opened cheque Crossed Cheque
Cheque Confirmation: No No	Yes	Threshold (if Yes)
5. EMPLOYMENT DETAILS  Employment Status: Employed Annual Salary/Expected Annual Income	Unemploy	ed Retired Student Others
Annual Salary: (a) N0 -N50,000 (b) N51,000	) - N250,000	(c) N251,000-N500,000 (d) N501,000-Less than N1000,000
(e) N1milion-Less thanN5milion (f) N5million-Le	ss-than N10million	(g) N10million-Less than N20million (h) Above N20million
Employer's Name:		Date of Employment (if employed):
Employer's Address: Plot Number:	Street Name	
	Nearest	Bus Stop/Landmark:
City/Town:		ocal Govt. Area:
	cure of Business/	
Office Phone Number:		Fax Number:
6. DETAILS OF NEXT OF KIN		
Title: Surname:		
Middle Name:		FirstName:
Relationship:		Gender: F M
Date of Birth:		Mobile No.:
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: DDMMMYYYYY	Spouse's (	Occupati	on															
Sources of Fund to the Account																		
Expected annual income from other sources																		
Name of associated business(es) (if any):																		
Type of Business:																		
Business Address:																		
3. ACCOUNT MANDATE																		
Account Name:											1							_
Account No. (for official use only)		ate autho tick as appr		/Comb	inatio	on rule		her to	sign		Bot	h to s	sign L		Sole	Signa	tory	
Signatories		Signatories																
Surname: First Name: Middle Name:																		
	-irst Name:—							Midd	ile ivai	ne: -								
Identification Type:	-irst Name: — dentification																	
Signature	dentification	No:	M Y	Y	Y	Υ												
,	dentification	No:		Y	Υ	Υ												_
Signature  Da  Signatories (Joint Applicant)	dentification	No:	M	Y	Υ	Υ		Phor	ne Nur	mber:								
Signature  Da  Signatories (Joint Applicant)  Surname: F	dentification te: DDD	M M	M	Y	Υ	Υ	_	Phor	ne Nur	nber: me: -	-							_
Signature  Da  Signatories (Joint Applicant)  Surname: F  Identification Type: Identification	dentification te: DDD	M M	M	Y	Υ	Υ	_	Phor	ne Nur	nber: me: -	-							_
Signature  Da  Signatories (Joint Applicant)  Surname:	dentification te: D D  First Name:— dentification	No:	M	Y	Υ	Υ	_	Phor	ne Nur	nber: me: -	-							_
Signature  Da  Signatories (Joint Applicant)  Surname: F  Identification Type: Identification Type: Da  Da	dentification te: D D  First Name:— dentification	M No: —	M	Y	Υ	Υ	_	Phor	ne Nur	nber: me: -	-							_
Signature  Da  Signatories (Joint Applicant)  Surname: F  Identification Type: Identification	dentification  Tirst Name:  dentification  te:  D  D	M No: — M derstand	M Y	Y	Y	Y		Phor Midd Phor	e Nur Ille Nai	mber: me: -								_
Signature  Da  Signatories (Joint Applicant)  Surname: F  Identification Type: In  Signature  Da  DECLARATION  I/We hereby apply for the opening of account(s) with Access Bank F for opening such account (s) and I/We therefore warrant that such in	dentification  Tite: D D  Tirst Name:—  dentification  tte: D D	M No: — M derstand	M Y	Y	Y	Y	n here	Phor Midd Phor	lle Nar ne Nur	mber: me: - mber:	ment	cs sut	pplied	d are '				
Signature  Da  Signatories (Joint Applicant)  Surname: F  Identification Type: In  Signature  Da  DECLARATION  I/We hereby apply for the opening of account(s) with Access Bank F for opening such account (s) and I/We therefore warrant that such in I/We further undertake to indemnify the Bank for any loss suffered	dentification  te: D D  First Name:—  dentification  te: D D	No: — M derstand discorrect	M Y that the	Y	Y	Y	n here	Phor Midd Phor ein ar	ale Nur ale Nur ale Nur d the	mber: me: - mber: docu	ment	cs sut	pplied	d are '				
Signature  Da  Signatories (Joint Applicant)  Surname: F  Identification Type: In  Signature  Da  DECLARATION  I/We hereby apply for the opening of account(s) with Access Bank F for opening such account (s) and I/We therefore warrant that such in	dentification  te: D D  First Name:—  dentification  te: D D	No: — M derstand discorrect	M Y that the	Y	Y	Y	n here	Phor Midd Phor ein ar	ale Nur ale Nur ale Nur d the	mber: me: - mber: docu	ment ded by	cs sup	pplied dank.	d are t		asis		
Signature  Da  Signatories (Joint Applicant)  Surname: F  Identification Type: In  Signature  Da  DECLARATION  I/We hereby apply for the opening of account(s) with Access Bank F for opening such account (s) and I/We therefore warrant that such in I/We further undertake to indemnify the Bank for any loss suffered	dentification  te: D D  First Name:—  dentification  te: D D  PLC. I/We und information is as a result of	No: — M derstand discorrect	M Y that the	Y	Y	Y	n here	Phor Midd Phor ein ar	ale Nur ale Nur ale Nur d the	mber: me: - mber: docu	ment ded by	s sur the B	pplied dank.	d are t	the ba	asis		



# 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)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter

Mark of Customer/ Thumbprint:		Magistrate/Co for Oaths:	mmissioner		Da	ate:
Name of Interpreter:			Address of Ir	nterpreter:		
						Language of Interpreter:
			For Official Use			zungaage of meerpreter.
Name of Officer:			Naı	me of Officer: ———		1
Signature: —	Dat	e: ————	Sig	nature: ————		Date:
			For Bank Use	Only		
1. REQUIREMENT	CHECKLIST					
Savings Account		Checked	Def	erred	Waived	
Duly completed accoun	t opening form					
2. Specimen signature car	d duly completed					
3. Proof of identity (Origin	al must be sighted)					
4. Resident permit (for no	n-Nigerians)					
5. Proof of Address						
6. Letter from Employer/S	ichool/NYSC					
Current/Domiciliary/O	ther types of Accou	<b>nt</b> Checked	Def	erred	Waived	
Duly completed accoun	t opening form					
2. Specimen signature car	d duly completed					
3. Two (2) independent and	d satisfactory referei	nces				
4. Proof of identity (Origin	al must be sighted)					
5. Resident permit (for no	n-Nigerians)					
6. Two (2) independent and	d satisfactory referei	nces				
7. Letter from Employer/S	ichool/NYSC					
8. Other document provid	led					



12. AUTHENTICATION FOR FINANCIAL IN	CEUSION
i Is the customer socially or financially disadvantaged?	Yes No No
ii If answer to the above (i) above is yes, state other docum Regulation 77 (4) of AML/CFT Regulation, 2013	ents obtained in line with the Bank's policy on socially/financially disadvantaged customer in compliance with
iii Does the Customer enjoy tiered KYC requirements?	Yes No No
iv If answer to question (iii) above is yes, identify the custor	mer risk category: Low Risk Medium Risk High Risk
3. AUTHENTICATION FOR POLITICALLY	EXPOSED PERSONS
Is the Applicant a Politically Exposed Person?  Yes	No No
	For Bank Use Only
A A COOLINE OPENED BY	
14. ACCOUNT OPENED BY:	1
Surname:	Name:
Signature	Date: D D M M Y Y Y Y
15. DEFERRAL/WAIVER OF DOCUMENT (I	F ANY) AUTHORISED BY:
Surname:	Name:
Signature	Date: D D M M Y Y Y Y
16. ADDRESS VERIFICATION CARRIED OL	JT BY:
Surname:	Name:
Signature	Date: D D M M Y Y Y Y
Comment(s) (Address description and result finding):	
17. ACCOUNT OPENING AUTHORIZED/A	PPROVED 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 Salary4Life, Education grant, free rent, cash prizes etc.
- Access to Health Insurance (provided by Hygeia HMO) of #6,000 annually

#### Account operating conditions

- A strict minimum balance of \(\mathbb{H}5\), 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
- $\bullet \ A \ charge \ of \ \texttt{\$1} \ per \ mille \ applies \ on \ the \ excess \ amount \ if \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ \texttt{\$10} million \ in \ a \ monthly \ debit \ turn over \ exceeds \ exceeds$
- $\bullet \ \text{All other terms and conditions contained in the account opening package shall also apply to the DiamondXtra account. } \\$

### 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 <b>- ₩</b> 999,999	4.10%
₩1,000,000 - ₩4,999,999	4.45%
₩5 million and above	4.50%

- 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**

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

## PREMIUM CURRENT ACCOUNT

#### **Product Features**

- 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 ₦1/mille will be applied on all debit transactions for such month.
- 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.
- $\bullet \ \, \text{All other terms and conditions contained in the account opening package shall also apply to the Premium Current Account. } \\$



### 18. TERMS AND CONDITIONS

#### Individual Account Opening Form

To Access Bank Plo

#### 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 use of 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.
- t). Disclosure of information

 $If a fraudulent \ activity \ is \ associated \ with \ the \ operation \ of \ your \ account, \ you \ agree \ that \ we \ have \ the \ right \ to \ apply \ restrictions \ to \ your \ account \ and \ report \ to \ appropriate \ law \ enforcement \ agencies.$ 

#### (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		
	Affix Passport Photograh Here	Affix Passport Photograh Here		Affix Passport Photograh Here	Affix Passport Photograh Here
Date: D D M M Y Y Y Y			Date: D D M M Y Y Y Y		

(the Data Subject) hereby affirm that in line with the relevant laws on **Data Protection in Nigeria**, I consent to the collection and processing of my Personal Data/information in the absence of any fraud, duress, undue influence or coercion for the purpose of forming the basis of this banking relationship and other necessary data processing activities which may arise therefrom, including for the performance of the creation of a bank account between myself and Access Bank Plc. I affirm that I have the requisite capacity under the law to consent to the collection and processing of my Personal Data. I affirm that I am aware and take cognizance of my rights under the relevant Data Protection Laws in Nigeria which include the right to request for access, amendment, rectification or cancellation or destruction of my Personal Data/information, the right to lodge complaint with the relevant authority as well as the right to object to the processing of my Personal Data. I further consent to the processing of my Personal Data (within or outside Nigeria), including transfer of my Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above, including but not limited to data collection, processing and storage.

Signature of Data Subject	