

KYC - CUSTOMER PROFILE

Date	Branch	A/C No
Name	Nationality	
Address (Office)	Telephone	
Address (Home)	Telephone	
Occupation/Line of Business (specific not generic)		
Who introduced you to the bank?		
Profession/Occupation		
Name of Company		
Self Employed? ☐ Yes ☐ No	Job Title	Annual Income

ADDITIONAL INFORMATION

Type and source of funds to operate account

Type to operate Account ☐ Cash ☐ Manager's Cheque ☐ TT/Inward Remittance

Source of Funds to operate Account

If Individuals	Amount (expected annual)	If Corporate or individual in business	Amount (Expected Annual Turnover)
☐ Salaries		☐ Trading	
☐ Business income		☐ Retailing	
☐ Sale of Property		☐ Other	
☐ Others			

OTHER THAN INCOME FROM YOUR OCCUPATION, PLEASE TELL US ANY OTHER SOURCE OF INCOME EARNED BY YOU.

☐ Investments ☐ Director's Fees ☐ Dividend

TRANSACTIONS YOU MAY DO THROUGH ACCESS BANK (Expected Account Activity)

Product	Amount	Product	Amount
Investment Deposits (Money Market)		Standing Order	
Manager's Cheque/Transfers		Electronic Banking	
Loans (Secured Advances)		Hold Mail Box	
Others			

Account Officer (Name, Signature and Date)

Relationship Manager (Name, Signature and Date)

* Relationship Manager not below the level of Manager

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Anti-money Laundering Risk Management Worksheet

1. Is the customer's core business activity one of the defined "High Risk Business" and if so, which?

☐ No

☐ Yes. Management concurs with the "High Risk" assessment and opening the account subject to High Risk Account Monitoring

☐ Yes. Management Judge mentally assesses the account as "Low Risk" (provide justification below)

2. Is the customer located in a "High Risk" geography and/or does the customer deal principally with customer or suppliers who are located in such geographies?

☐ No

☐ Yes. (List which countries)

3. Is the customer:

☐ A Public Figure?

☐ Expected to handle business activity on the account?

☐ Expected to use High Risk Products?

If any of 1-2 is "High Risk", the classification should be "High Risk". If adjudged "Low Risk", then explain.

JUSTIFICATION/COMMENTS

RISK CLASSIFICATION ☐ High Risk ☐ Above Average ☐ Moderate ☐ Low

Account Officer (Name, Signature and Date)

Relationship Manager (Name, Signature and Date)

* Relationship Manager not below the level of Manager

VISITATION REPORT

Full Name of Staff Visiting

Staff ID

Date of Visitation

Address Visited

Met With (Name)

Met With (Designation)

Location - (Color of Building during Visit)

Location - (Land Mark)

Location - (Description of Building)

Other Remarks

hereby confirm the existence of the prospective Customers address as stated above.

Visiting Staff Name and Signature

Date Signed

* Caution: Do not complete Visitation Report if Physical Address verification is not carried out.

Attestation Form

SECTION A

Please indicate whether the following are applicable to you:

1. Are you currently or formerly a senior official in any branch of government (executive, legislative, administrative or judiciary), whether domestic or foreign?
If yes, please provide details

2. Are you a senior official of a major political party, whether local or foreign?
If yes, please provide details

3. Are you a senior executive of a local or foreign government-owned commercial enterprise?
If yes, please provide details

4. Are you a senior military official?
If yes, please provide details

5. Are you a member of a royal family, whether local or foreign?
If yes, please provide details

6. Have you been entrusted with prominent function(s) for an international organization (e.g., UN, OAU, ECOWAS, FIFA etc.)?
If yes, please provide details

7. Do you have immediate family members who are categorized as listed in (1) to (6) above?
If yes, please provide details

8. Do you have a close associate who is categorized as listed in (1) to (6) above?
If yes, please provide details

Customer Signature and Date

SECTION B- THIS SECTION IS TO BE COMPLETED BY CORPORATE CLIENTS

1. Do any of your Company's key functionaries (Directors, Secretaries, Officers, Management Team and/or Shareholders) hold more than 5% of paid-up share capital or meet any of the criteria as outlined in questions 1-8 in Section A above?

1. IF "YES", please provide the information requested in the table below.

Name of Functionary	Position within the Company	Details on Category
Name of Person completing this form		
Position of Person completing this form		
Signature of the Person completing this form		
Date and Stamp		

important update on cryptocurrency trading



The Central Bank of Nigeria (CBN) recently issued a directive on prohibition of dealing in Cryptocurrency and facilitating payments for Cryptocurrency Exchanges.

As your financial partner, we would like to inform you of the risks associated with Cryptocurrency trading which include and may not be limited to loss of funds and exposure to criminal activities.

Based on these risks, we are guided by the CBN to step down our role as your financial partner if any cryptocurrency transaction is identified in your Account.

We are thankful for your Cooperation and look forward to a lasting relationship with you.

Please fill the attestation form below.

Are you involved in any of the following business activity?

(i) Cryptocurrency (Trading/Exchanger) Yes ☐ No ☐

(ii) Online Betting/gaming/Casino Yes ☐ No ☐

I/We, _____ hereby attest that my / our account will not be used for any form of cryptocurrency transactions. In the event of such transactions, please take this as an instruction to close my account in line with the Cease & Desist notice above.

Signature & Date

Banking with Access: Branch | ATM | online | mobile | contact centre

 In our emails, Access Bank will never ask for your complete card number, PIN or One-Time password. If you lose your phone, inform us immediately. Links within our mails will only take you to information pages on our website.

More information:
contactcenter@accessbankplc.com
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01-271-2005-7


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