

This forms should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following

A	B	C	✓
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Limited Liability Company ☐ Partnership ☐ Sole Proprietorship/Registered Business Name ☐ Societies & Clubs ☐ Government/MDAs ☐
Schools ☐ NGOs ☐ Embassies ☐ Public Limited Company ☐ International Agencies ☐ Religious Bodies ☐ Others ☐

Fixed Investment Account ☐ Domiciliary Account

\$	€	¥	£	Others
☐	☐	☐	☐	☐

 AMFB Current ☐ AMFB Savings ☐ AMFB Community Savings ☐ AMFB Excel ☐

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[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Tax Identification Number (TIN)		CRM No/Borrower's Code (where applicable)	
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[illegible]

Is Your Company Quoted on any Stock Exchange? Yes ☐ No ☐

If answer to question above is yes, indicate which Stock Exchange and the Stock Symbol:

Less than N50million ☐ N50million - Less than N500million ☐ N500million - Less than N5billion ☐ Above N5billion ☐

[illegible]

Electronic Banking Preferences: Internet Banking ☐ Mobile Banking ☐ ATM ☐ POS ☐ Other Electronic Channels (Fees may apply) Specify

Transaction Alert Preferences: Email Alert (Free) ☐ SMS Alert (Fee applies) ☒

Statement Preferences: Email ☐ Post ☐ Collection at Branch ☐ **Statement Frequency:** Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐

Cheque Book Requisition: (Fees applies) Opened Cheque ☐ Crossed Cheque ☐ 25 leaves ☐ 50 Leaves ☐ 100 Leaves ☐

Will you like to pre-confirm your cheques? Yes ☐ No ☐

Cheque Confirmation threshold: (If the answer is yes, please note that the minimum confirmation threshold is currently **N500,000**)

If you would like to have a higher threshold for pre-confirmation, please specify the amount: N

This is in line with extant law and existing regulation.

5. ACCOUNT SIGNATORY'S DETAILS (1)

Is signatory same as Director, Executive, Trustee, Promoter, Executor, Administrator, Principal Officer? Yes ☐ No ☐

5. ACCOUNT SIGNATORY'S DETAILS (2)

Title:

Surname

First Name

Other Name

Mother's Maiden Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

Country of birth

Gender

M

F

State of Origin

L.G.A. of Origin

Marital Status:

Single

Married

Others

Means of Identification:

National Identification Number (NIN)

Int'l Passport

Voter's Card

Driver's Licence

ID Number:

ID Issued Date:

D

D

M

M

Y

Y

Y

Y

ID Expiration Date:

D

D

M

M

Y

Y

Y

Y

Bank Verification Number

Occupation

Status/ Job Title

Nationality (for Non-Nigerian): Resident Permit No

Permit Issued Date Permit Expiration Date

Do you have residency or citizenship of any country? Yes ☐ No ☐ If yes, which country?

Residential Address

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

Email Address

I hereby testify that the above information is true and complete.

Signature: _____

Date

Is signatory same as Director, Executive, Trustee, Promoter, Executor, Administrator, Principal Officer? Yes ☐ No ☐

5. ACCOUNT SIGNATORY'S DETAILS (3)

Title:

Surname First Name

Other Name Mother's Maiden Name

Date of Birth Country of birth Gender M ☐ F ☐

State of Origin L.G.A. of Origin

Marital Status: Single ☐ Married ☐ Others ☐

Means of Identification: National Identification Number (NIN) ☐ Int'l Passport ☐ Voter's Card ☐ Driver's Licence ☐

ID Number:

ID Issued Date: ID Expiration Date:

Bank Verification Number Occupation

Status/ Job Title

Nationality (for Non-Nigerian): Resident Permit No

Permit Issued Date Permit Expiration Date

Do you have residency or citizenship of any country? Yes ☐ No ☐ If yes, which country?

Residential Address

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Phone Number (1)

Phone Number (2)

Email Address

I hereby testify that the above information is true and complete.

Signature: _____

Date

Is signatory same as Director, Executive, Trustee, Promoter, Executor, Administrator, Principal Officer? Yes ☐ No ☐

6 DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

Please disregard this section if Signatory is also Director/Executive/Trustee/Promoter/Executor/Administrator/Principal Officer and had completed the ACCOUNT SIGNATORY DETAILS Section.

1. Title:

Surname First Name

Other Name Mother's Maiden Name

Date of Birth Gender M ☐ F ☐

Means of Identification ID Number

ID Issue Date ID Expiry Date

Bank Verification Number (BVN)

Occupation

Status/Job Title

Residential Address

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

Email Address

6 DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

Please disregard this section if Signatory is also Director/Executive/Trustee/Promoter/Executor/Administrator/Principal Officer and had completed the ACCOUNT SIGNATORY DETAILS Section.

2. Title:

Surname First Name

Other Name Mother's Maiden Name

Date of Birth Gender M ☐ F ☐

Means of Identification ID Number

ID Issue Date ID Expiry Date

Bank Verification Number (BVN)

Occupation

Status/Job Title

Residential Address

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

Email Address

6 DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

Please disregard this section if Signatory is also Director/Executive/Trustee/Promoter/Executor/Administrator/Principal Officer and had completed the ACCOUNT SIGNATORY DETAILS Section.

1. Title:

Surname First Name

Other Name Mother's Maiden Name

Date of Birth Gender M ☐ F ☐

Means of Identification ID Number

ID Issue Date ID Expiry Date

Bank Verification Number (BVN)

Occupation

Status/Job Title

Residential Address

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

Email Address

6 DETAILS OF NEXT OF KIN (THIS SECTION IS FOR SOLE PROPRIETORSHIP ONLY)

Title:

Surname First Name

Other Name Gender M ☐ F ☐ Title (Specify)

Date of Birth Relationship

Phone Number (1) Phone Number (2)

Email Address (Optional)

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

7. ADDITIONAL DETAILS

1. Name of affiliated company/Body 1.

2.

3.

2. Parent Company's Country of Incorporation

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

Anioma Microfinance Bank Ltd

ii. Name:

[illegible]

Affix
Passport
Photograph
here

Signature _____

Date	D	D	M	M	Y	Y	Y	Y

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Name _____ Signature _____

FOR BANK USE ONLY

Name _____ Signature _____

iii. Name:

[illegible]

Affix
Passport
Photograph
here

Signature _____

Date

D	D

M	M

Y	Y	Y	Y

FOR BANK USE ONLY

Name _____ Signature _____

FOR BANK USE ONLY

Name _____ Signature _____

NOTE: Financial Institutions can provide more space if the number of signatories is more than spaces provided.

11. TERMS AND CONDITION

The Responsibilities of the Account Holder

- Send account opening documentation and required documentation to amend existing mandates and other related instructions on the account as may be prescribed by the Bank from time to time.
- Ensure proper completion of signature cards
- Promptly send in cheque book requisition slip/ letter
- Provide Anoma Microfinance Bank with specimen signature of its authorised signatories
- Inform Anoma Microfinance Bank immediately of any change(s) to the list of authorised signatories
- Complete necessary details for cheque payments
- Keep his/her/its cheque booklet properly and promptly notify Anoma Bank the loss of a cheque booklet and/ or detachment of leaves of a cheque booklet
- Shall assume full responsibility for the genuineness or and validity of all cheques, orders, bills, notes, negotiable instruments, receipts and/or other documents including endorsements appearing on the same, deposited in or drawn on in respect of his/her/its account(s) with the Bank.
- Shall ensure that he/she/it collects duly stamped deposit slip for any sum deposit into the account.
- Shall be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for conduct of savings, current, domiciliary and other account(s) as may be determined by the Bank from time to time.
- Shall indemnify the Bank against any loss, damage, expense or claim the Bank may suffer by reason of opening the said account(s) or by reason of the falsehood or inaccuracy of any information or misrepresentation made to the Bank by the Account Holder except those losses, damages, expenses or claims directly resulting from the acts, defaults or gross negligence of the Bank.
- Shall hold the Bank harmless and free of any liability whatsoever for any loss, damages, fraud or claims that the Account Holder may incur from the fraudulent use of any telephone number, fax number or email address supplied in this form or subsequently by the Account Holder whether for the purpose of issuing instructions, receiving/sending account information or indeed any transaction related to this account.

Rights of the Bank

- The Bank may debit the account(s) with usual Banking charges, interest, commission, and fees as may be determined by the Bank from time to time
- The Bank shall not be liable for any loss or diminution of funds or damage to instruments deposited with the Bank due to any Government order, law, levy, tax, embargo, moratorium, exchange, restriction and/or all of other causes beyond the Bank's control
- The Bank is under no obligation to honour any cheques drawn on the account(s) unless there are sufficient and unimpaired funds in the account to cover the value of the said cheques. The Bank reserves the right to return such cheques to the Account Holder unpaid.
- In the event that the Bank honours a cheque where the amount in the account is not sufficient to cover the value of the cheque, any amount drawn in excess of the value of the accounts shall be treated as an overdraft facility and the Account Holder agree to repay the Bank the principal amount together with the interests and/or charges that the Bank may prescribe.
- The Account Holder shall be bound by any notification of changes in conditions governing the account directed to his/her/its last known address and any notice or letter sent to his/her/its known address shall be considered as duly delivered and received three business days after dispatch of same by ordinary pre-paid post or on the date endorsed on the proof of delivery if delivered by courier services/hand delivery.
- No notice which may be given to the Bank by the Account Holder shall be binding upon the Bank until it shall have been received by the Bank and sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means the Bank may deem appropriate to notify the concerned/affected department offices, branches and correspondents.
- Any disagreement with entries on the Bank's statements will be made in writing to the Bank by the Account Holder within 30 days of dispatch of the statement, failing which it will be concluded that the statement as rendered is correct and same shall no longer be disputable, except in case of manifest errors.
- If or where any entry is made into the Account Holder's account(s) in error, the Bank is entitled to dishonour

cheques drawn upon such incorrect entry whether or not drawn in good faith and without any notice of error and whether the error has been corrected or not, and the Bank is entitled to reverse such incorrect entry without prior consent of the Account Holder and any liability on the part of the Bank.

- The Bank may at any time and in absolute judgement close the account(s) and discharge all liabilities with respect to the account(s) by hand delivery or by mailing to the Account Holder by courier services a Bank draft in the currency of the account without recourse to the Bank as a drawer, payable to the order of the Account Holder in the amount of the then credit balance in the account(s) less fees, charges or commission to which you may be entitled by law or by any agreement between us and the Bank together with such documents, if any, as may be necessary in your sole discretion, to transfer to us.
- The Bank will not be liable whatsoever for funds handed by the Account Holder or his/her/its representatives or agents or employees to any of the Bank's employees without evidence of a duly stamped deposit slip.
- In addition to any general lien or right to which the Bank as Bankers may be entitled by law, the Bank may at any time and without notice to the Account Holder combine or consolidate all or any of his/her/its accounts without liability to the Bank and set off or transfer any sum or sums standing to his/her/its credit in any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with the Bank or in any other respect whether such liabilities be actual or contingent, primary collateral, several or joint.
- To affirm and undertake that all the documents used in opening the account(s) are genuine and we will indemnify the Bank if at any time it is shown otherwise and we will be further liable for any wrong that may be occasioned thereby. This indemnity to you shall be continuing and shall not be withdrawn by us so long as we maintain this account with the Bank.
- The Account Holder and the Bank agree that the operation of the account(s) is subject to laws and regulations at any time existing in the Federal Republic of Nigeria, and to be bound by the terms and conditions herein.

12. DECLARATION

I/We hereby apply for the opening of any account or accounts with Anioma MF Bank, I/We understand that the information given herein is the basis for opening such account(s) and hereby warrant that such information is correct.

I/We further undertake to indemnify Anioma Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

"In Witness whereof, the common seal of _____ (Name of Company) is hereby affixed this _____ day of _____ 20____
In the presence of: _____

Director (Name and Signature)

Director/Secretary (Name and Signature)

13. SIGNED, SEALED AND DELIVERED BY THE WITHIN NAMED PERSON

[illegible][illegible]

Signature_____

D	D	M	M	Y	Y	Y	Y

[illegible][illegible]

Signature_____

D	D	M	M	Y	Y	Y	Y

Company Seal here

14. IN THE PRESENCE OF:

[illegible][illegible][illegible][illegible]

Signature_____

D	D

M	M

Y	Y	Y	Y

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I. REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly complete				
2.	Specimen signature card duly completed				
3.	Copy of CAC Certificate of Registration				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Companies)				
6.	Form CAC 1.1 Application For Registration Of Company (certified as true copy by the Registrar of Companies)				
7.	(a) Form C07 Particulars of Directors (certified as true copy by the Registrar of Companies or a certification by a Notary Public for Foreign Companies)				
8.	(b) Form C02 Allotment of Shares (certified as true copy by the Registrar of Companies or a certification by a Notary Public for Foreign Companies)				
9.	Partnership Deed (where applicable)				
10.	Approval Letter (for Government Agency)				
11.	Act/Gazette (for Government Agency) (where applicable)				
12.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side.				
13.	Introduction Letter (where applicable)				
14.	Status report from Banker (where applicable)				
15.	Resident Permit (for non-Nigerians)				
16.	Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable)				
17.	Evidence of Registration with Special Control Unit of Money Laundering (SCUML) (where applicable)				
18.	Search Report				
19.	Power of Attorney (where applicable)				
20.	Letter of Indemnity				
21.	Proof of Company address				
22.	Business Premises visitation certificate				
23.	Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (preferred Identity card are International Passport, National Identity Card, National Driver's Licence, and Valid Nigerian INEC Voter's card).				
24.	Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document Utility bill (certified true copy is acceptable if original is not held).				
25.	Two Completed satisfactorily reference forms.				
26.	Copy of the audited Financial statements.				
27.	W-8 BEN-E, W-9				
28.	Others (please specify).				

A. ACCOUNT OPENED BY:

Name _____

DATE	D	D	M	M	Y	Y	Y	Y

Name

DATE	D	D	M	M	Y	Y	Y	Y

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

[illegible]

	D	D	M	M	Y	Y	Y	Y
DATE								

[illegible]

	D	D	M	M	Y	Y	Y	Y
DATE								

C. ADDRESS VERIFICATION CARRIED OUT BY:

[illegible]

DATE	D	D	M	M	Y	Y	Y	Y

[illegible]

DATE	D	D	M	M	Y	Y	Y	Y

COMMENT(S): (Address description and Result Findings)

D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

[illegible]

DATE	D	D	M	M	Y	Y	Y	Y

[illegible]

DATE	D	D	M	M	Y	Y	Y	Y

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Company size:

Micro ☐ Small ☐ Medium ☐ Large ☐ Multi-national ☐

Relationship Type:

Politically Exposed ☐ Insider Related ☐ Regular Customer ☐

DETAILS OF OTHER BENEFICIAL OWNER(S)

Section 1: Personal Details

Name of Shareholder																															
Phone No. (1)		—		Phone No. (2)		—																									
	Country Code				Country Code																										
Nationality																															
Country of Incorporation (for Entity Shareholders)																															
Tax Identification Number (TIN)																															
Bank Verification Number (BVN)																National Identification Number (NIN)															
Country of Birth																															
Residential Address																															
Email Address																															
Are you a citizen of any other country?	Yes ☐	No ☐	If yes please specify																												
Percentage (%) Shareholding						Country of Permanent Tax Residence																									
Government ID Country																															
Mailing Address/ P.O. Box																															
Are you tax resident in more than one country?	Yes ☐	No ☐	If yes please specify																												
Tax Identification Number (TIN) (If available)																															
Power of Attorney if yes:	Yes ☐	No ☐	If yes please specify (Name)																												
Street Address																															
State/Province																Country															
Phone No. (1)		—		Phone No. (2)		—																									
	Country Code				Country Code																										