

## Corporate Account Opening Form

(Incorporated and Non-incorporated)

This form should be completed in capital letters. Characters and style should be similar to the following A B C

### 1. Business Particulars

Company/Business Name:

Certificate of Incorporation/Registration Number:

Operating Business Address:

Date of Incorporation:

Nature of Business:

Estimated Annual Turnover:

Sector/Industry:

Corporate Business Address:  
(If different from above)

Please indicate the business category and type of account to open by ticking the applicable box below

### 2. Category of Business

Limited Liability Company

Partnership

Sole Proprietorship

MDA's

Schools

Others

If others, indicate:

Account Type: (Tick as appropriate) Current Account:

Fixed Deposit Account:

Savings Account:

Term Investment:

Branch:

Account No:

Email Address:

Website:

Office Phone No:	Mobile Phone No:
Tax Identification Number (TIN):	
Special Control Unit Against Money Laundering (SCUML) Reg. No (Where Applicable):	
<b>Annual Turnover</b> (a) Less Than N50M                      N50M to Less Than N500M                      N500M to Less Than N5B  Above N5B	
(b) Is Your Company Quoted On Stock Exchange?    Yes                      No	
(c) If Yes, Indicate Which Stock Exchange And The Stock Symbol:	
CRM Nos/Borrower's Code (Where Applicable):	
Alerts:    SMS Alert                      Email Alert                      Both	

### 3. Details of Next of Kin (Sole Proprietor Only)

Surname:	First Name:
Other Name:	Date of Birth:
Gender: M                      F	Country of Birth
Relationship:	
Telephone (Mobile):	Office Telephone:
Email Address:	
Residential Address:	

## 4. Authorised Signatory 1

Surname:	First Name:
Other Name:	Mother's Maiden Name:
Date of Birth:                      Gender: M              F	Country of Birth:
Means of Identification:	ID Number:
ID Issue Date:                      ID Expiry Date:	BVN:
Occupation	Position/Designation:
Residential Address:	
Nearest Bus Stop/Landmark:	
City/Town:	Local Govt Area:
State:	Country:
Email Address:	
Resident Permit No: (for on-Nigerians)	
Permit Issue Date:	Permit Expiry Date:
	Specimen Signature
	Class:
	Date:

## 4. Authorised Signatory 2

Surname:	First Name:
Other Name:	Mother's Maiden Name:
Date of Birth:                      Gender: M      F	Country of Birth:
Means of Identification:	ID Number:
ID Issue Date:                      ID Expiry Date:	BVN:
Occupation	Position/Designation:
Residential Address:	
Nearest Bus Stop/Landmark:	
City/Town:	Local Govt Area:
State:	Country:
Email Address:	
Resident Permit No: (for on-Nigerians)	
Permit Issue Date:	Permit Expiry Date:
	Specimen Signature  Class:  Date:

## 4. Authorised Signatory 3

Surname:	First Name:
Other Name:	Mother's Maiden Name:
Date of Birth:                      Gender: M      F	Country of Birth:
Means of Identification:	ID Number:
ID Issue Date:                      ID Expiry Date:	BVN:
Occupation	Position/Designation:
Residential Address:	
Nearest Bus Stop/Landmark:	
City/Town:	Local Govt Area:
State:	Country:
Email Address:	
Resident Permit No: (for on-Nigerians)	
Permit Issue Date:	Permit Expiry Date:
	Specimen Signature  Class:  Date:

## 5. Director's Details 1

Surname:	First Name:
Other Name:	Mother's Maiden Name:
Date of Birth:                      Gender: M              F	Country of Birth:
Means of Identification:	ID Number:
ID Issue Date:                      ID Expiry Date:	BVN:
Occupation	Position/Designation:
Residential Address:	
Nearest Bus Stop/Landmark:	
City/Town:	Local Govt Area:
State:	Country:
Email Address:	
Resident Permit No: (for on-Nigerians)	
Permit Issue Date:	Permit Expiry Date:
	Specimen Signature  Class:  Date:

## 5. Director's Details 2

Surname:	First Name:
Other Name:	Mother's Maiden Name:
Date of Birth:                      Gender: M      F	Country of Birth:
Means of Identification:	ID Number:
ID Issue Date:                      ID Expiry Date:	BVN:
Occupation	Position/Designation:
Residential Address:	
Nearest Bus Stop/Landmark:	
City/Town:	Local Govt Area:
State:	Country:
Email Address:	
Resident Permit No: (for on-Nigerians)	
Permit Issue Date:	Permit Expiry Date:
	<p style="text-align: center;"><b>Specimen Signature</b></p> <p style="text-align: center;">Class:</p> <p style="text-align: center;">Date:</p>

## 6. Accounts Held With Other Banks

S/N	Name of Bank	Account Number	Account Status (Active/Dormant)
1			
2			
3			
4			

## 7. Account Operating Mandate

S/N	Names of Signatory	Assign Authority Level(e.g A,B,C)	Define Mandate (Single and Joint)	Assign Authorizing Limit(Single)	Assign Authorizing Limit(Joint)
1					
2					
3					
4					
5					

Special instruction(define joint and authorizing limit, signing combinations and pre-confirmation threshold, if any)

Pre-confirmation Amount



**BANK USE ONLY (REQUIREMENT CHECKLIST)**

<b>S/N</b>	<b>DOCUMENTS REQUIRED</b>	<b>CHECKED</b>	<b>DEFERRED</b>	<b>WAIVED</b>
1	Account opening form duly completed			
2	Specimen signature card duly completed			
3	Copy of CAC Certificate of registration			
4	Board resolution			
5	Copy of memorandum and Article of Association			
6	(A) Form C07 Particulars of directors			
7	(B) Form C02 Allotment of shares			
8	Partnership Deed (where applicable)			
9	Approval Letter (for Govt Agency)			
10	Act/Gazette (for Govt Agency)			
11	Two (2) passport photographs of each Signatory to the account			
12	Introductory Letter			
13	Status report from Banker			
14	Resident permit (for non-Nigerians)			
15	Evidence of registration with Nigeria Investment Promotion Council (NIPC)			
16	Evidence of registration with Special Control Unit on Money Laundering (SCUML)			
17	Search Report			

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
18	Power of Attorney			
19	Letter of Indemnity			
20	Proof of company address			
21	Business premise visitation certificate			
22	Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form documents (preferred identity cards are Int'l passport, National Identity Card, Driver's License, valid INEC Voter's Card)			
23	Proof of identity 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)			
24	Two completed satisfactory reference form			
25	Copy of the audited financial statements			
26	Form W-8, W-9, and/or other FATCA documents			
27	Valid and effective waiver			
28	Others (please specify)			

**For Bank Use Only**

A. ACCOUNT OPENED BY:

Name:

Signature

Date

Name:

Signature:

Date:

A. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORIZED BY

Name:

Signature:

Date:

Name:

Signature:

Date:

B. ADDRESS VERIFICATION CARRIED OUT BY:

Name:

Signature:

Date:

Name:

Signature:

Date:

Comment(s) (Address description and result findings):

**A. ACCOUNT OPENING AUTHORIZED/APPROVED**

Name:

Signature:

Date:

Name:

Signature:

Date:

## CORPORATE RESOLUTION

### General Terms and Conditions

1. I/We ("customer") hereby confirm and agree to the following terms and conditions in relation to all banking and other financial transactions between me/us and Rockshield Microfinance Bank Ltd (the Bank).
2. I/We further agree that where the service to be provided by the bank are not regulated by the terms and condition of this Account Opening Agreement or any other Agreement including the Electronic banking user Agreement, they shall be regulated by customary banking practices in Nigeria.
3. I/We hereby authorize you to open an account in my/our name and authorize all cheques or the orders which may be presented with respect to the account provided that same is issue in accordance with our mandate card and there are sufficient funds in the account.
4. I/We hereby agree that we shall bear full liability and/or consequence with respect to the issuance of any cheque without sufficient funds in our accounts.
5. I/We hereby agree that the bank by way of any application for a credit facility(ies) shall be signed by our authorized signatories.
6. I/We hereby agree that the bank is entitled at any time without notice to us, to combine or consolidate all or any of our accounts or a related account and set off any sum therein for the purpose of satisfaction of any of our liabilities to the Bank.
7. I/We hereby agree that the bank shall bear no liability for any fund handed to staff of the Bank outside the Bank's premises or outside the banking hours except agreed by the bank in writing and the bank shall be fully indemnified against any loss, claim, damage or action that may originate there from.
8. I/We hereby agree that the bank may close our account(s), where there is a suspicious inflow into our account for security reasons or where there is any fraud in relation thereto.
9. I/We hereby authorize and grant consent to the bank to carry out the necessary checks on our company at the various bureaus and reference agencies and also share with such agencies our information. The bank is discharged from any form of liability or damages made against the Bank by virtue of us granting this consent.
10. I/We authorize the Bank to debit our account with the applicable charges for legal search conducted on our account at the Corporate Affairs Commission or the relevant agency/authority.
11. I/We agree that we shall not release cash or issue cheque in favour of any of the staff of the Bank, or transfer money into his/her account and in the event of such the Bank is fully indemnified against all losses, claim, action damages, request which may arise therefrom.
12. I/We agree that the Bank will not be legally responsible where our username and password and/or log in details for any of the Bank's products known only to us is accurately provided by any other person apart from us for any transactions where it reasonably contains sufficient information that same emanate from us.
13. I/We agree that the Bank may debit the account with the usual banking charges, interests and fees as may be determined from time to time.
14. I/We hereby indemnify the Bank against any loss, damages claim that may be occasioned on the account by reason of any falsehood or inaccuracy of any statement or information or misrepresentation made to the Bank.
15. I/We hereby authorize the bank to debit our account for any malicious or frivolous claim, suit garnishee/marvel order brought against the Bank in relation to our account wherein the Bank had to seek for legal representation.

Authorized Signatory, Name & Designation

Signature

Date

Authorized Signatory, Name & Designation

Signature

Date

Authorized Signatory, Name & Designation

Signature

Date