

**PERSONAL TRUST**

Microfinance Bank

RC 208513

Confidential

**ACCOUNT OPENING FORM-ENTITIES**

(Incorporated &amp; Non-incorporated)

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following

A B C ✓

BRANCH Category of Business: Limited Liability Company ☐ Sole Proprietorship ☐ Partnership ☐Account Type: Current ☐ Corporate ☐Account Name: 

ACCOUNT No.(for official use only)

REFERRAL CODE (To be filled during campaign if referred by existing customers)

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

Company/ Business	<input type="text"/>
Certificate of Incorporation/ Registration Number	<input type="text"/>
Date of Registration	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type/Nature of Business (Specific not generic)	<input type="text"/>
Sector/Industry	<input type="text"/>
Operating Business Address	<input type="text"/>
Business	<input type="text"/>
Address/Registered Office (if different from above)	<input type="text"/>
Landmark/Nearest Bus-stop	<input type="text"/>
Company E-mail address	<input type="text"/>
Website (if any)	<input type="text"/>
Phone Number (1)	<input type="text"/>
Phone Number (2)	<input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>
Special Control Unit against Money Laundering (SCUML) Reg. No.	<input type="text"/>

**2. ANNUAL TURNOVER**(a.) Less than N50 million ☐ N50 million - Less than N500 million ☐ N500 million - Less than N5 billion ☐ Above N5 billion ☐(b.) Source of funds (Source of economic activities that generates income) (c.) Is your Company quoted on any Stock Exchange Yes ☐ No ☐(d.) 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 <input type="checkbox"/>	Visacard <input type="checkbox"/>	Vervecard <input type="checkbox"/>	Others (Specify) <input type="text"/>
Electronic Banking Preferences:	Internet Banking <input type="checkbox"/>	Mobile Banking <input type="checkbox"/>	ATM/POS <input type="checkbox"/>	Others (Specify) <input type="text"/>
Transaction Notification:	SMS Alert (Fee applies) <input type="checkbox"/>	E-mail Alert (Free) <input type="checkbox"/>		
Statement Delivery Preferences:	E-mail (Free) <input type="checkbox"/>	Post <input type="checkbox"/>	Branch <input type="checkbox"/>	
Statement Frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Cheque Book Requisition:	Opened cheque <input type="checkbox"/>	Crossed cheque <input type="checkbox"/>	50 leaves <input type="checkbox"/>	100 leaves <input type="checkbox"/>



#### 4. CHEQUE CONFIRMATION

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

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e. threshold above N100,000) in line with existing laws and regulation

#### 5. ACCOUNT SIGNATORY'S DETAILS

1. Title			Surname		
First Name					
Other Name(s)					
Mother's Maiden Name			Gender	<input type="checkbox"/> F <input type="checkbox"/> M	
Marital Status (Please tick)	<input type="checkbox"/> Single <input type="checkbox"/> Married		Other (please specify)	Date of Birth	
Place of Birth				<input type="text"/> DAY <input type="text"/> MONTH <input type="text"/> YEAR	
BVN			NIMC		
Nationality			Dual Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No Please State: .....	
State of Origin			LGA		
Means of Identification			ID Issued Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
ID Number			ID Expiry Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Occupation (Specific not generic)					
Status / Job Title			Position/Office		
<b>Contact Details</b>					
House No.			Street Name		
Nearest Bus Stop/ Landmark					
City/Town					
Local Govt. Area			State		
Home Town			Religion		
Phone Number 1			Phone Number 2		
Email Address					
Class of Signatory			Signature	Date <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
2. Title					
		Surname			
First Name					
Other Name(s)					
Mother's Maiden Name		Gender <input type="checkbox"/> F <input type="checkbox"/> M			
Marital Status (Please tick)		<input type="checkbox"/> Single <input type="checkbox"/> Married	Other (please specify)	Date of Birth	
Place of Birth		<input type="text"/> DAY <input type="text"/> MONTH <input type="text"/> YEAR			
BVN		NIMC			
Nationality		Dual Citizenship		<input type="checkbox"/> Yes <input type="checkbox"/> No Please State: .....	
State of Origin		LGA			
Means of Identification		ID Issued Date <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y			
ID Number		ID Expiry Date <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y			
Occupation (Specific not generic)					
Status / Job Title		Position/Office			



[illegible][illegible]

House No.	<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"/>	State	<input type="text"/>
Home Town	<input type="text"/>	Religion	<input type="text"/>
Phone Number 1	<input type="text"/>	Phone Number 2	<input type="text"/>
Email Address	<input type="text"/>		
Class of Signatory	<input type="text"/>	Signature	<input type="text"/>
		Date	<input type="text"/>

2. Title  Surname

First Name

Other Name(s)

Mother's Maiden Name

Gender ☐ F ☐ M

Marital Status (Please tick) ☐ Single ☐ Married  Other (please specify)

Date of Birth

Place of Birth

DAY MONTH YEAR



## 7. DETAILS OF SOLE PROPRIETORSHIP

## 2. MEANS OF IDENTIFICATION

### 3. CONTACT DETAILS

House No.	<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"/>	State	<input type="text"/>
Home Town	<input type="text"/>	Religion	<input type="text"/>
Phone Number 1	<input type="text"/>	Phone Number 2	<input type="text"/>
Email Address (Optional)	<input type="text"/>		



#### 4. EMPLOYMENT DETAILS

☐ Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Other (please specify) Date of Employment (if employed)  DAY  MONTH  YEAR

Employer's/Employment Address (Even if self employed)

Street number  Street Name   
  
City/Town   
Nearest Bus Stop/  
Landmark   
Local Govt. Area  State   
Nature of Business/  
Occupation   
Office Phone Number  Fax Number

#### 5. DETAILS OF NEXT OF KIN

Title  Surname   
First Name   
Other Name(s)   
Relationship  Gender ☐ F ☐ M Date of Birth  DAY  MONTH  YEAR  
Phone Number 1  Phone Number 2   
House Number  Street Name   
  
Nearest Bus Stop   
LGA  State   
Email Address

#### 8. ADDITIONAL DETAILS

1. Name of affiliated company/Body 1.   
2.   
3.   
2. Parent Company's Country of Incorporation

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

Personal Trust Microfinance Bank  
No 67, Ogunlana Drive,  
Surulere  
Lagos

Dear Sir,

I/We hereby authorize you to debit my/our account with the sum of N \_\_\_\_\_  
being the legal cost of search conducted on our account by the Corporate Affairs Commission.

Yours faithfully,

Authorized Signatory

Authorized Signatory



## 10. ACCOUNT MANDATE

		Signatory Type	Photograph
1.	Title (Mr, Mrs etc)		Passport To Be Affixed
	Name		
	Designation		
	Signature		
2.	Title (Mr, Mrs etc)		Passport To Be Affixed
	Name		
	Designation		
	Signature		
3.	Title (Mr, Mrs etc)		Passport To Be Affixed
	Name		
	Designation		
	Signature		
Authorised Combination (For Joint Account Holders)		Company Seal/Stamp required (Specify Company Seal/Stamp if required)           YES <input type="checkbox"/> NO <input type="checkbox"/>	



## 11. CHECKLIST

Please complete all relevant portions of the Application Form and Account Opening mandate and return the package along with the following documents.

### Corporate (LIMITED LIABILITY COMPANY)

1. One passport photographs of each of the signatories with their names and signature at the back.
2. Valid ID Cards of the directors and signatories
3. Copy of Certificate of Incorporation, Articles and Memorandum of Association. (Certified by the Corporate Affairs Commission)
4. Form C02 & C07 and allotment of Shares
5. Board Resolution.
6. Two detachable reference forms duly completed by Corporate Organizations Operating current accounts
7. Signature mandate cards duly completed by the signatories.
8. Proof of address (Utility bill of Directors and Signatories)
9. Resident permit (where applicable).
10. Proof of Company address
11. Evidence of registration with SCUML (where applicable)
12. TIN (Tax Identification Number)

### ENTERPRISE

1. Certificate of Incorporation/Registration
2. All other registration papers
3. One passport photographs of each of the signatories with their names and signatures at the back
4. ID cards of signatories (International Passport/Driver's license)
5. Two detachable reference forms duly completed by similar Enterprise/Corporate or Organization operating current accounts.
6. Two signature card duly completed by the signatories.
7. Current Utility Bills e.g.(Electricity bill or Water Rate Bill, Telephone Bill or Receipt of Rent or Tenement Payment)
8. Resident Permit (where applicable)
9. TIN (Tax Identification Number)

### ASSOCIATION. CLUBS, COOPERATIVES, RELIGION BODIES

1. One passport photographs of each of the signatories with their names written and duly signed at the back
2. ID Cards of signatories
3. Copy of Certificate of Registration.
4. Board/Council Resolution
5. Two detachment reference forms to be duly completed by Church or Corporate bodies maintaining accounts with banks in Nigeria.
6. Two Signature cards duly completed by the signatories.
7. Current Utility Bills e.g.(Electricity bill or Water Rate Bill, Telephone Bill or Receipt of Rent or Tenement Payment)
8. TIN (Tax Identification Number)



## 12. CORPORATE RESOLUTIONS

At a meeting of the Board of Directors/Governing Council of \_\_\_\_\_ whose registered office is  
at \_\_\_\_\_ held \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

The following resolutions were passed:

1. That personal Trust Microfinance Bank Limited (herein after called "the Bank") be and is hereby appointed; banker to the company / organization,
2. That Bank be and is hereby instructed to honor and pay all cheques, drafts or order expressed to be drawn on behalf of the company / organization upon the company's/organisation account with the Bank, and all bills and exchange are promissory notes made payable at the Bank and expressed to be accepted on behalf of the company at any time or times, whether the bank account or accounts of this company are over drawn by the payment thereof for or are in credit or otherwise.
3. That the Bank be instructed to act on any instruction with regard to the purchase or sale of other dealings in securities or document of the company/organisation in every case whether the accounts or the company/organisation is or are in debit (but without prejudice to Bank's right to refuse to allow any or increase of over draft beyond any specified limit from time to time) provided that the same are signed by the authorized signatories.
4. That until the Bank receives any written notice by way of the company's/organisation resolution to the contrary; the Bank be instructed to honor signature(s) appearing hereunder for all purpose on company's/organisation account as mandated above.
5. That these resolution be communicated to the Bank and remain in force until rescinded by a resolution in writing given to the Bank and signed by the chairman and secretary of this company, organization.
6. That the authority signature are stated the column below are hereby authorized on behalf of the company/organisation:
  - (a) Borrow money and to obtain credit for the company from the Bank on any terms and to make any deliver notes drafts, acceptance, instrument of guarantee, agreement and any other obligation of the company/organization thereof in a form satisfactory to the Bank.
  - (b) Grant security in and/or pledge, assign and deliver as security for money borrowed on credit obtained, stocks, bonds, instruments, bills, receivable, accounts, mortgage, merchandise bills of lading, warehouse receipts and other documents, insurance policy, certificates, any other property now after or hereafter here by or belonging to the company/organisation with full authority to endorse, assign or guarantee any of the same in the name of the Bank.
  - (c) Discount any bills receivable or any payment held by the company/organization with full authority to endorse the same in the of the Bank.
  - (d) Withdraw from the Bank and give receipt for or to authorize the Bank to deliver to the bearer or to one or more designated persons, all or any document and securities or other property held by it whether held as collateral security or for the safe keeping or for other purpose.
  - (e) Request the Bank to purchase or sell for the account of the company/organization stocks, bond other purpose.
  - (f) Execute and deliver all security and other agreements, financial statements and other papers required by the Bank in connection with any of the foregoing matters and affix to them the seal, of the company/organisation where necessary.
7. That the Bank be promptly notified in writing by the secretary or other of the company/organization or any resolution which changes these resolutions, such notice to be given to each branch of the Bank in which any account of the company/organization may be maintained and until the Bank has actually received such notice in writing, It is authorized to act in pursuance of these resolutions, and that until it has actually so receive such notice sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means as it may deem appropriate, to notify such of its departments, officers, branches and correspondents as the Bank may deem to be concerned thereby, it shall be indemnified and deemed harmless from any loss suffered or liability incurred by it in continuing to act in pursuance of these resolutions, though these resolutions may have been changed.
8. That any all withdrawals and borrowing of money and or order transactions had on behalf of the company/organization with the Bank are hereby ratified, confirmed and approved and that the Bank may rely upon the authority conferred by this resolution until receipt by it of a certified copy of a resolution of the Board /Governing Council revoking or modifying the same.



### 13. COMPANY MANDATE

TO: **PERSONAL TRUST MICROFINANCE BANK LIMITED**

Name of company/organisation: \_\_\_\_\_

Registered Office: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

Dear Sir,

1. We the undersigned request you to open a current account in the name of:
2. We hereby certify that the following are the resolutions adopted by the Board of Directors/Governing Council of \_\_\_\_\_ on \_\_\_\_\_ and not subsequently rescinded or modified and that the said company association in general meeting has not imposed any restriction and condition on the exercise by the board of Directors/Governing Council of any powers to borrow money or to invest the funds of the company/organisation or to issue debentures or otherwise.
3. That any sum(s) standing to the debit of the current account shall be liable to interest charges at the rate fixed by the Bank from time to time. You are authorized to debit the account with your banking charges, interest, commissions, etc.
4. That our attention has to the necessity of the safe guarding of our cheque book so that unauthorized persons are unable to have access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to our account and I shall exempt the Bank from liability thereof
5. That you may initiate or roll-over/invest on our behalf any monies standing to the credit of any account in any one of your investment securities namely: Time Deposits, Treasury Bills, Bankers acceptances of Guaranteed Commercial Papers until contrary instruction are given by us provided that you shall honor them and all cheques issued by us if there are sufficient funds in our account to cover the value of the cheques.
6. That in addition to any general lien or similar right to which you as Banker may be entitled to by law may at anytime and without notice to us combine or consolidate all any of our account with liabilities to you and set off or transfer any sum or sums standing to the credit of any or more of such accounts or any other credit, be it cash, cheque, valuables, deposits, securities, negotiable instruments or assets belonging to us with you in or towards satisfactions of any of our liabilities to you or any other account or in other respect whether such liabilities present or future be actual or contingent, primary or collaterals, several or joint.
7. To hold you free from any responsibility for any loss of funds deposited with you due to any future Government order law, levy, tax, embargo, exchange restrictions or other cause beyond your control.
8. To accept as due notification any notice or change in conditions governing the account directed to our last know address and to be bound by such change.
9. That if a cheque paid into our account is returned dishonored, the same may be transmitted to us through the last know address either by bearer or by post.
10. We agree that the Bank is not liable whatsoever for funds handed to cash officers and teller outside banking hours except as may be otherwise agreed in writing.
11. We agree that you may at your absolute discretion close of any time account(s) with you upon giving seven(7) days notice in writing to us at our address for correspondences given

.....  
Director/Chairman of Governing Council

Signature & Date

.....  
Secretary

Signature & Date

.....  
COMPANY SEAL / STAMP



## 14. TERMS & CONDITIONS

Date: .....

**PERSONAL TRUST MICROFINANCE BANK LIMITED**

..... BRANCH

Dear Sir,

Please open a Current Account in my/our name .....

I/We request and authorize you unless I/We give notice in writing to the contrary, to honor all cheques or other order to the said accounts for the time being in credit to or may become over drawn, in consequence of such debit in consideration which I/We agree.

1. To be responsible for repayment of any such overdraft with interest accruing thereon together with any usual banking charges, interest and commissions.
2. To assume full responsibility for the genuine, correctness and validity of all endorsements appearing on all cheque, orders, bills note, negotiable instruments and receipts or other documents deposited in my account.
3. To hold you free from any responsible for any loss of funds deposited you due to any of future government order, law, levy, tax e m b a r g o exchange restriction or any other cause beyond your control.
4. To accept as due notification any notice of change in condition governing the account directed to my last know address and to be bond by such change.
5. That if a cheque credited to my/our individual current account is returned dishonor, the same may be transmitted to me through the last know address either by bearer or by post.
6. That my/our attention has been drawn to the necessity of safe guarding my cheque book so that unauthorized persons are unable to access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to my account and I shall exempt the Bank from liability thereof.
7. I/We agree that the Bank will not accept liability whatsoever for funds handed to cash officer and tellers outside banking hours.
8. I/We accept and agree you are not bound to honor any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheque and I understand and agree that any such cheques maybe return to me unpaid. But if I paid, I am obligated to repay the bank demand with interest thereon.
9. I/We agree that I will notify you of any disagreement with entries on my Bank statement within-15 days of the dispatch of the bank statement. Non receipt by the Bank of notice of disagreement of entries within 15 days from the dispatch of my Bank statement.
10. I/We understand that any sums standing to debit of the current account shall be liable to interest charges at the rate fixed by the bank from time to time. You are authorized to debit from the account your usual banking charges, interest commission etc. and any sum wrongly credited to my account and to take such steps to recover such sum with interest thereon.
11. I/We agree that you may initiate or roll-over/re-invest on my behalf any monies standing to the credit of any account in any one of your investment securities, namely: Time Deposit, Treasury Bills, Bankers acceptance or Guaranteed Commercial Papers until contrary instruction are given by me provided that you shall honor on demand all cheque issued by me if there are sufficient funds in my account to cover the value or the cheque.
12. I/We agree that in addition to addition to any general lien or similar right to which you as bankers may be entitled to by law you may at anytime and without notice to me combine or consolidate all or any accounts with liabilities to you and off of a transfer any sum or sums standing to the credit of any on or more of such account or any other credit, be it such, cheque valuables, deposit. Securities negotiable instrument of any other instrument or any other assets belonging to me with you in or towards satisfaction of any of my liabilities present or future be actual or contingent, primary or collateral. Several of joint.
13. I/We agree that you may at you absolute discretion close at any time my account(s) with you upon given 7days notice in writing to me at my address for correspondence given above or such other as may be notified from time to time by me in writing to you.
14. I/We agree that you treat the above authority as continuing until you receive notice in writing to the contrary.

Dated this ..... Day of ..... 20 .....

Signature .....

Name and address .....

Witness signature .....

Name and address .....



## REFERENCE FORM



**PERSONAL TRUST**

Personal Trust Microfinance Bank Ltd  
RC 208513

From (Referee)

Name .....

Date .....

Address .....

Phone No. ....

To: **PERSONAL TRUST MICROFINANCE BANK LIMITED**

Dear Sirs,

### NAME OF APPLICANT

The above named individual/Company/Association wishes to open a Current Account with you. The individual/Company/Association is well known to me/us and I/We consider them suitable to maintain a Current Account with you.

The Applicant signs thus ..... We/I hereby witness signature(s) as being correct.

Our/My Bankers are:

Name of Bank .....

Branch .....

Account No. ....

Signature(s) of Referee .....

(To be completed by bank official)

FROM: **PERSONAL TRUST MICROFINANCE BANK LIMITED**

To: (Referee's Bank)

Please verify the signature(s) of your customer as above

.....  
Signed

(To be completed by bank official)

FROM:

To: **PERSONAL TRUST MICROFINANCE BANK LIMITED**

Signature and stamped by Authorised Signature .....

Signature and stamped by Authorised Signature .....

**\*\*\*CAUTION\*\*\* IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL KNOWN TO YOU**

## REFERENCE FORM



**PERSONAL TRUST**

Personal Trust Microfinance Bank Ltd  
RC 208513

From (Referee)

Name .....

Date .....

Address .....

Phone No. ....

To: **PERSONAL TRUST MICROFINANCE BANK LIMITED**

Dear Sirs,

### NAME OF APPLICANT

The above named individual/Company/Association wishes to open a Current Account with you. The individual/Company/Association is well known to me/us and I/We consider them suitable to maintain a Current Account with you.

The Applicant signs thus ..... We/I hereby witness signature(s) as being correct.

Our/My Bankers are:

Name of Bank .....

Branch .....

Account No. ....

Signature(s) of Referee .....

(To be completed by bank official)

FROM: **PERSONAL TRUST MICROFINANCE BANK LIMITED**

To: (Referee's Bank)

Please verify the signature(s) of your customer as above

.....  
Signed

(To be completed by bank official)

FROM:

To: **PERSONAL TRUST MICROFINANCE BANK LIMITED**

Signature and stamped by Authorised Signature .....

Signature and stamped by Authorised Signature .....

**\*\*\*CAUTION\*\*\* IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL KNOWN TO YOU**



**ACCOUNT OPENING (FOR BANK USE ONLY)**

S/N	DOCUMENT OBTAINED	REQUIRED DATE	DATE RECEIVED	N.A
1	Collection of Account Opening Forms			
2	Submission of Account Opening Forms			
3	Identification			
	(a.) Notary's Certificate			
	(b.) International Passport			
	(c.) Drivers' Licence			
	(d.) National ID Card			
4	Verification of Signature			
5	Signature Cards			
6	Passport Photographs			
7	Waived Documentation			
8	What Document is Deferred			
9	Deferral Period			
10	KYC Form			
11	Utility Bill / Receipt			
12	Search Report			
13	Address Verification Form			

Name:	Account Officer	Sign:		Date:	
		Sign:		Date:	
Opened by:	Customer Service Officer	Sign:		Date:	
		Sign:		Date:	

  

Business Manager:		Sign:		Date:	
Approved By		Sign:		Date:	
HOP:		Sign:		Date:	
Reviewed By:		Sign:		Date:	