

ACCOUNT OPENING FORM - DESIGNATED NON-FINANCIAL INSTITUTIONS (DNFIS)

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

Category of Business: Occupation Pension Scheme Account Charity Account Religious Organisation Societies and Clubs Account Others

Account Type:

Current Account

BRANCH

ACCOUNT No. (for official use only)

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following: (A|B|C|✓)

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

Name of Organisation

Certificate of Registration Number

Date of Registration

D	D	M	M	Y	Y	Y	Y

 Tax Identification Number (TIN)

Registered Address

Mailing/Correspondence Address

Email Address

Website (if any)

Phone Number (1) Phone Number (2)

2. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Transaction Alert Preference(s) : E-mail Alert (Free) SMS Alert (Fees apply)

3. CHEQUE CONFIRMATION / THRESHOLD

You will be required to pre confirm any transaction above N100,000

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e. threshold above N100,000)

Customer Name

Signature Date

5. ACCOUNT SIGNATORY DETAILS

Surname First Name Other Names

Date of Birth

D	D	M	M	Y	Y	Y	Y

 Gender: F M Title:

Means of Identification (Mr., Mrs., Dr., Chief etc)

ID Issue Date

D	D	M	M	Y	Y	Y	Y

 ID Expiry Date

D	D	M	M	Y	Y	Y	Y

 ID Number

Bank Verification Number

Occupation Status / Job Title :

Residential Address:

Phone Number (1) Phone Number (2)

E-mail Address

Class of Signatory Signature Date

D	D	M	M	Y	Y	Y	Y

Surname First Name Other Names

Date of Birth

D	D	M	M	Y	Y	Y	Y

 Gender: F M Title:

Means of Identification (Mr., Mrs., Dr., Chief etc)

ID Issue Date

D	D	M	M	Y	Y	Y	Y

 ID Expiry Date

D	D	M	M	Y	Y	Y	Y

 ID Number

Bank Verification Number

Occupation Status / Job Title :

Residential Address:

Phone Number (1) Phone Number (2)

E-mail Address

Class of Signatory Signature Date

D	D	M	M	Y	Y	Y	Y

Surname _____ First Name _____ Other Names _____

Date of Birth

D	D	M	M	Y	Y	Y	Y

 Gender: F M Title:

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(Mr., Mrs., Dr., Chief etc)

Means of Identification

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ID Issue Date

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 ID Expiry Date

D	D	M	M	Y	Y	Y	Y

Bank Verification Number

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Occupation

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 Status / Job Title:

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Residential Address:

Phone Number (1)

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 Phone Number (2)

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E-mail Address

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Class of Signatory

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 Signature _____ Date

D	D	M	M	Y	Y	Y	Y

6. PARTICULARS OF TRUSTEES/PROMOTERS/KEY CONTACT PERSONS

Surname _____ First Name _____ Other Names _____

Date of Birth

D	D	M	M	Y	Y	Y	Y

 Gender: F M Title:

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(Mr., Mrs., Dr., Chief etc)

Means of Identification

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ID Issue Date

D	D	M	M	Y	Y	Y	Y

 ID Expiry Date

D	D	M	M	Y	Y	Y	Y

Bank Verification Number

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 Status / Job Title:

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Residential Address:

Phone Number (1)

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 Phone Number (2)

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E-mail Address

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Signature _____ Date

D	D	M	M	Y	Y	Y	Y

Surname _____ First Name _____ Other Names _____

Date of Birth

D	D	M	M	Y	Y	Y	Y

 Gender: F M Title:

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(Mr., Mrs., Dr., Chief etc)

Means of Identification

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 ID Number

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ID Issue Date

D	D	M	M	Y	Y	Y	Y

 ID Expiry Date

D	D	M	M	Y	Y	Y	Y

Bank Verification Number

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Occupation

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 Status / Job Title:

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Residential Address:

Phone Number (1)

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 Phone Number (2)

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E-mail Address

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Signature _____ Date

D	D	M	M	Y	Y	Y	Y

Surname _____ First Name _____ Other Names _____

Date of Birth

D	D	M	M	Y	Y	Y	Y

 Gender: F M Title:

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(Mr., Mrs., Dr., Chief etc)

Means of Identification

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 ID Number

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ID Issue Date

D	D	M	M	Y	Y	Y	Y

 ID Expiry Date

D	D	M	M	Y	Y	Y	Y

Bank Verification Number

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Occupation

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 Status / Job Title:

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Residential Address:

Phone Number (1)

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 Phone Number (2)

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E-mail Address

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Signature _____ Date

D	D	M	M	Y	Y	Y	Y

7. ADDITIONAL DETAILS

I. Name of affiliated company/Body: 1.

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II. Sources of Fund to the Account:

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III. Name of Beneficial Owner(s):

IV. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE DNFS

S/N	NAME AND ADDRESS OF BANK BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT

IV. DETAILS OF ACCOUNT OF TRUSTEES/PROMOTERS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT

8. AUTHORITY TO DEBIT FOR SEARCH FEE

We hereby authorize the Bank to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or the relevant agency/ authority.

Authorized Signature of the Customer/ Representative & Date

Authorized Signature of the Customer/ Representative & Date

9. DECLARATION

We hereby apply for the opening of a current with Edfin Microfinance Bank Ltd. We understand that the information provided here is in the basis for opening the account and hereby certify that the information is correct.

We further undertake to indemnify the 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.....

Director (Name and Signature)

Director/Secretary (Name and Signature)

10. ACCOUNT OPENING MANDATE

b. Name of Organization _____

c. Account No.

d. Signatories:

I. Name: Surname First Names Middle Names

Signature & Date:

Class of signature

PHOTO

II. Name: Surname First Names Middle Names

Signature & Date:

Class of signature

PHOTO

III. Name: Surname First Names Middle Names

Signature & Date:

Class of signature

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IV. Name: Surname First Names Middle Names

Signature & Date:

Class of signature

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Signing

Mandate

FOR BANK USE ONLY

Name of Officer

Signature

11. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON

Name

Address

Signature _____

Date

Name

Address

Signature _____

Date

(Company Seal)

12. IN THE PRESENCE OF:

Name

Address

Occupation

Signature _____

Date

13. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature.....

Date

COMMENT(S) (Address description and Result Finding)
