





ADDITIONAL ACCOUNT SIGNATORY

ACCOUNT No. (for of	fficial	use or	nly)	cus	томе	ER ID	(fo	or of	fici	al u	se o	nly)							В	101	METI	RIC	ID	No.						
This form should be completed	l in CAPI	TAL LETT	FRS 115	sing BLA	CK INK	Chara	octers	and	marks	shou	ıld be	simil	ar in s	style t	o the	follo	wina	Α	ВС	7										
Account Name				g 52.					TIG. IN			5		J.G. C.		100		[25]												
	Addit	ional Si	gnato	ry	Rep	olacen	nent	of Si	gnato	ory																				
Name of Signatory being I	ntroduc	ed / Re	place	d																										
Reason for addition / replacement										\exists																				
NEW SIGNATORY DETAILS																														
Title			Surnar	ne																										
First Name																														
Other Name																														ヿ
Biometric ID													Date	e of E	Birth	D	D	M	М	<u>.</u> ЧЕ	Y	Y	Y	Y	Ge	nder		F [M
Mother's Maiden Name]																		\neg
Occupation	\Box			\pm																										╡
Status/Job Title																													1	\dashv
Means of Identification:																														
National ID Card National Driver's License International Passport INEC Voter's Card Others (please specify)																														
ID Number									Issu	e Da	te	D	D	М	М	Υ	Υ	Υ	Υ	Exp	oiry D		D	D	М	M	Υ	Υ	Υ	Y
Residential Address House Number Street Name																														
House Number							SHEE	zt IVal	IIE																			_	_	_
Nearest Bus Stop/ Landmark																														
City/Town																														\neg
Local Govt. Area																Sta	ate													\exists
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Phone Number 1																FIIC	one N	линно Г	er z											
Nationality						Ш									Dua	l Citi	zensh	nip?		Yes		No	- 1	f Yes,	Plea	se Sta	ate:			
Email Address (Optional)																														
Class of Signatory (e.g. A,B,	,C etc.)						Sigr	nature	2	_										_	Date		D	D	М	M	Y	Y	Υ	
ACCOUNT SERVICE	S OF	FERE	O (PI	LEAS	E TIC	ΚО	PTI	ON	BEL	OW	()																			
Interactive Voice Recording (IVR)											Cheque Book Request																			
Withdrawal Withdrawal Limit:											Ī		Requests for Statement of Account																	
Fund Transfers Transfer Limit:										Ī	$\overline{}$	SMS Alerts Debits Only Credit Only Both																		
Check Balance Other Services Please Specify:									j		Email Alerts																			
Except otherwise permittee of the primary account he		e Bank	, only	the ab	ove Se	rvices	are	perm	issib	le to	the	sign	atory	and	all p	ower	s of	the a	iddit	ional	acco	ount	signa	atory	shal	l ceas	se up	on th	ie de	ath

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TERMS AND CONDITIONS												
Subject to these Terms, the Authorised Signatory(ies) are permitted to access and transact on my /our account(s) for such purpose that the Bank may permit in its discretion. I/We confirm that appropriate controls shall be maintained to ensure that unauthorised, forged or fraudulent instructions are not given to the Bank through the Authorised Signatory(ies). I/We however further confirm that any and all transactions whatsoever, carried out on the instruction of Authorised Signatory(ies) is/are hereby authorised, ratified, approved and confirmed. The Bank shall endeavor to implement my/our request for an additional signatory as contained herein within two (2) working days of properly receiving same, subject to my/our fulfillment of the Bank's requirements. The Bank is however exonerated from any liabilities howsoever arising from any delayed or non-implementation thereof. I/We acknowledge that within the period that the Bank is processing this request, instructions made by previous signatory in accordance with the previously existing Mandate may be successful. The Bank may also discontinue all or some transactions on the Account pending its implementation of this change in Mandate. Notwithstanding anyt independent right in requests or rights the notice to any persor activity, reserve any in Authorised Signatory activity, reserve any in Joven Frontier (and the province of the provin	prudent to do so and without any liability or obligation, require prior authentication from the Account Holder or any other account signatory(ies) in such manner or form deemed appropriate, before giving effect to any such request or instruction. Notwithstanding anything herein contained express or implied, the Bank reserves the independent right in its sole discretion, to vary and/or otherwise determine such requests or rights that may be exercised by an Authorised signatory, with or without notice to any person. The Bank may at any time and in respect of any Account activity, reserve any right(s) exclusively for the Account Holder whether or not an Authorised Signatory might have otherwise been authorised by the Account Holder. I/We hereby assume full responsibility, to the total exclusion and exoneration of the Bank, any liability, obligation and/or any adverse consequence relating to any activity carried out on my/our Account on the instruction of the Authorised Signatory(ies) and/or in relation to any matter contemplated herein. I/We shall indemnify the Bank and keep it fully indemnified on full indemnity basis (including legal and associated costs) against all claims, damages, losses, demands, actions, expenses, costs and any other adverse or analogous proceedings or circumstance (howsoever arising) which may be made or exist against the Bank in relation to the matters contained herein.											
Signature of Account Holder Affix postage stamp here and sign accross	Date											
Signature of Account Holder Affix postage stamp here and sign accross Date MM M YYYYY												
REQUIREMENTS CHECKLIST AND DOCUMENT SIGN OFFS (FOR OFFICIAL USE ONLY)												
S/N DOCUMENTATION REQUIRED		YES	CHECKED	DEFERRED								
1 Specimen signature card duly completed and signed												
2 Two (2) recent passport photograph												
3 Proof of Address: Utility bills, etc. (Certified true copy is acceptable if original is not held)												
Evidence of identification e.g. International passport, Drivers' license, voter's card, National ID card (Original to 4 be sighted) on all signatories, Directors or principal shareholders. Where a signatory is unable to produce any of the above identification the referee should fill referee identification form.												
5 Resident Permit (For non-Nigerian)												
Is the applicant a Politically Exposed Person? Yes No (IF YES, please obtain Senior Management Approval)												
DOCUMENT CHECKED BY:												
CSOs/HCFDs Name												
Staff Number Signature		Date D	D M M	Y Y Y Y								
Address verification carried out by:												
Name												
Staff Number Signature		Date D		Y Y Y Y								
Name												
Staff Number Signature		Date	D M M	YYYY								
Comment(s): (Additional description and Results Findings)												