

ACCOUNT No. (for official use only)  CUSTOMER ID (for official use only)  BRANCH	
CORPORATE ACCOUNT OPENING FORM FOR NIGERIANS IN DIASPORA (BUSINESS/CORPORATE	)
Account Type (Please indicate the type of account you want to open by ticking in the box below   ■   ■   ■   ■   ■   ■   ■   ■   ■	
This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following (ABC 2)	
PERSONAL/CONTACT DETAILS	
Company Name	
Certificate of Incorporation Number	
Date of Incorporation	
Type of Business	
Operating Business Address	
Corporate Business Address/Registered Office (If different from	
above)  E-mail Address	
Alternate E-mail Address	
Website (if any)  Country Code State Code Number Classes Country Code State Code Number	
Phone Number 1  Phone Number 2  Number 2	
Tax Identification Number	
Account Type: Corp - Limited Liability Society/Club Association Existing FirstBank Account(s)	
Sole Proprietor Partnership NGO	
ANNUAL TURN OVER	
N1Million - N9.9Million N10Million - N49.9Million N50Million - N99.9Million N100M	Aillion - Above
Is Your Company Quoted On The Stock Exchange?  Yes  No	
ACCOUNT SERVICE(S) REQUIRED (Please tick option below)	
Card Cheque Book (fees apply) Alert	
Naira Master Card 50 leaves Email (Free)	
Visa 100 leaves Sms (Fees apply) Credit only Debit Only	Both
No Cheque	
CHEQUE CONFIRMATION THRESHOLD	
You will be required to pre confirm any cheque of \(\frac{1}{1}\),000,000 and above  If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above \(\frac{1}{1}\),000,000.00)	





Since 1894	
SIGNATORY DETAILS	
Surname United Surname	
First Name	
Middle Name	
Date of Birth Date of Birth Gender F	
Residential Address (Not P. O. Box)	]
	]
Occupation Control Con	
MODE OF IDENTIFICATION	
National ID Card National Driver's License International Passport *Other (please specify	)
ID No.	
ID Issue Date ID Expiry Date Affix	
Phone Number Phone Number Passport Photo	
Mother's Maiden Name Here	
Customer Signature Date	
SIGNATORY DETAILS	
Surname Surname	
First Name	
Middle Name	
Date of Birth Gender F M	
Residential Address (Not P. O. Box)	]
	]
	7
Occupation Occupation	
Occupation MODE OF IDENTIFICATION	
	)
MODE OF IDENTIFICATION	)
MODE OF IDENTIFICATION  National ID Card  National Driver's License  International Passport  *Other (please specify)	)
MODE OF IDENTIFICATION  National ID Card  National Driver's License  International Passport  *Other (please specify)	)
MODE OF IDENTIFICATION  National ID Card National Driver's License International Passport *Other (please specify)  ID No.  ID Issue Date ID Expiry Date ID Expiry Date Affix	

ACCOUNT No. (for official use only)





FirstBank Since 1894  ACCOUNT No. (for official use only)							
DIRECTOR DETAILS							
Surname							
First Name							
Middle Name							
Date of Birth D M M Y Y	Y Y Gender	F M					
Residential Address (Not P. O. Box)							
Occupation							
National ID Card National	Driver's License	nternational Passport		*Other (please specify)			
ID No.	ID Issue Date	D M M Y Y	ID Expiry Date	D D M M Y Y Y Y			
Phone Number Country Code State Code	Number						
Mother's Maiden Name							
Customer Signature			Date	D D M M Y Y Y			
DIRECTOR DETAILS							
Surname							
First Name							
Middle Name							
Date of Birth	Y Y Gender	F M					
Residential Address (Not P. O. Box)							
Occupation							
National ID Card National	Driver's License	nternational Passport		*Other (please specify)			
ID No.	ID Issue Date	D M M Y Y	ID Expiry Date	D D M M Y Y Y Y			

Customer Signature	

Phone Number

Mother's Maiden Name



Authorising Officer's Signature

FirstBank Since 1894	ACCOUNT No.
Signature Card (Business/Corporate Account)	
Customer's ID No. (Official Use Only)	
Account Name	
Name of Signatory	
Residential Address	
Mandate/Instruction	Affix Passport Photo
Customer's Signature	Passport Photo Here
FOR OFFICIAL USE ONLY	
Authorising Officer's Name	
	D D M M Y Y Y
Authorising Officer's Signature	Date:
Signature Card (Business/Corporate Account)	
Customer's ID No. (Official Use Only)	
Account Name	
Name of Signatory	
Residential Address	
Mandate/Instruction	Affix
Customer's Signature	Passport Photo Here
FOR OFFICIAL USE ONLY	
Authorising Officer's Name	



Date:

		ACCOUNT	i No. (for official u	ise only)			
For	r Business / Relationship Managers / Account O	Officer's Use Only					
Plea	ease fill in the appropriate Business Unit, Group, Team	n and Desk for the Corporate	Customer (Check e-po	ortal for details)			
Bus	siness Unit Group Unit	Tean	n Unit	De	sk Unit		
Indi	dicate the appropriate industry segment the comp	oany will fall within					
Indi	dicator Sector						
Sub	b Sector only						
TEF	RMS AND CONDITIONS						
At t 1. 2. 3. 4.	the meetingof the Boad of Directors, it was duly resolved: First Bank of NigeriaLtd (hereinafter called 'the bank') be a That the bankis instructed to pay and honourall cheques, bills and promissory notes payable at the said bank and e accommodate the instruction. That the Bankbe instructed discount and negotiate bills of That the Bankbe instructed to act on anyinstructions given	drafts or orders issued by us on bel expressed to be accepted or made or other commercial papers for this	halfof this companyon on the companyon of this companyprovided that	pany at any time, p they have been endor	rovided the account sed on its behalf	is in sufficient fu	
5. 6. 7.	<ul> <li>a). The purchase or sale of foreign currency.</li> <li>b). The opening from time to time of documentaryetters.</li> <li>c). The signing and obtaining of delivery of merchandise. That the said bank be instructed to accept any indemnities of that where there is, to the knowledge of the bank, a dispute transaction on the account without liability whatsoever until That until the bankreceives any written notice by way of the</li> </ul>	rs of credit to the intenthat this sha ragainst Trust receipt. given on behalfof the company se between officers and directors of sil the disputeis satisfactorily resolve ne company's resolution to the contr	allnot be a geneal author the companymandated ed.	oritybut shall require	specific instructions. unt,the bank may at it	ts discretion stop f	
8.	the company's account as mandatein paragraphs one to fiv If for anyreas on the bank authorizes the payment of the ch instrument, (and our said account is thereby thrown into do this overdraft position shall automatically be liable to inte charges, interest, commission e.t.c.	neques,draft, or orderswhen at the r lebit) we agree that an overdraft po	ositioiis hereby created. 7	Any sum or sums sta	nding to the debitof o	our accountas a re	esultof
9.	We agree to be boundy these and other terms and condition banking, mobile banking, Smart Card, Telephone Banking, At You may initiate roll-over/reinvest on our behalfany monie: Acceptance or Guaranteed Commercial papers until contra our accountto coverthe value of the cheques.	utomated Teller Machine (ATM), Does standing to the credit of our acco	mestic/International Mo ountin any one of yourin	oney Transfer and Ma vestment securities,	ister Card. namely, Time Deposit	s, Treasury Bills, B	Bankers
11.	We agree that youmay at yourabsolute discretion close at such other address as maybe notifiedfrom time to time by	y us in writinto you.					
12.	control.	-		_	_	other cause beyon	ıd your
13. 14. 15.	That any and all withdrawals and borrowing of money and/o the bankmay rely uponthe authority by this entire resolution	or other transaction hitherto had on onuntil the receiptby it of a certifie account shall be payableon demand shallbe bindingupon the bankuntil it	behalfof this company copy of a resolution of donly.  It shallhave been receive	with the bankare he theseboards revokin ed by the bankand su	reby ratified, confirme gor the same. ficient time shallhave	e elapsed thereafte	er to
	concerned or affected thereby.  c). That the bankwill accept no liability whatsoever for f d. That it will safeguard its chequebook(s)so that unau consequential loss arising there from.	fundshanded to members of staff ou	utsidebanking hours or c	outsidethe bank's pre	mises.	J	rbe
<ul><li>16.</li><li>17.</li></ul>	sums standing to the debit of our accountas a result of the authorized to debitthe company's account with your usual l	his overdraft positionshall automatic bank charges, interest, commission o	cally be liable to interes e.t.c.	st changes at the rat	e fixed by the bank fro	om time to time. '	You are
18.	changes, which may take placein them. We understand and agree that you are not underobligation	in to honour any cheque(s) drawn c	on this account unless t				
19.		Statement will be made by us withir	15 days of the dispatc			y the bank of a nc	otice or
20.	disagreement of entries with 15 days from the date of disp.  That these resolutions be communicated to the saidbank ar company. The under mentioned documents enclosed herewing a).  Copy of Memorandum and Article of Association of the byte of Memorandum and Copy of Memorandum and Copy of Memorandum and Patricle of Association and return c).  Certificate of Exemption from using Limited (for inspection).	nd remain in forceuntil rescinded by vith: he Company n)				manor secretary o	of this
21.		u as bankers may be entitled to by l fer any sum standing to the credit ng to us with you in or towards sati	of any one or more of	such account(s) or	any other credit, che	ques, valuable der	posits,
22.	person or persons, company or companies on any account person or persons, company or companies	t or against any sum owed to the ba	ank by this company as	a result of this com	panybeing Surety or (	Guarantor to some	e other
	correct in all matterof respect.						
Ch	Chairman's Signature		_ Date [	D D M M			
Se	ecretary's Signature ————————————————————————————————————		- Date	D D M M	Y Y Y Y		
	Company Seal here						

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REQUI	EQUIREMENTS CHECKLIST (FOR OFFICIAL USE ONL Y)																																										
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1.												duly																															
2.	Specimen signature card duly completed and signed by all signatories to the account																					T																					
3.	Copy of certificate of incorporation																					T																					
4.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Company)																																										
5.	(a) Form CO7 Particulars of Directors																																										
6.	(b) Form CO2 Allotment of Shares																																										
7.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side																																										
8.	Status report from Bankers (Where Applicable)																																										
9.	Two independent and satisfactory company references. Referees must not be an official or Director of the companies or related company or staff of First Bank of Nigeria Ltd																																										
10.	Evidence of identification e.g International passport, Driver's License or National ID Card (Original to be Sighted) on all signatories, Directors or principal shareholders. Where a signatory or a director is unable to produce any of the above identification, the referee should fill referee identification form																																										
11.	Letter of indemnity																																										
12.	Proof of Company address																																										
13.	Certificate of registration for Partnership/Sole Proprietorship/Clubs & Societies or Association																																										
14.		Utilit	y b	ill o	f S	gnat	tori	es 8	& [	Direc	to	rs																															
15.		True	Ce	rtifi	ed	сорі	es o	of F	Rule	es/Co	on	stitu <sup>.</sup>	tio	— Л																									$\exists$				
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BDM's																																											
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BSM's NAME														_																						$\Box$			Τ	Т	T		
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CUSTOMER SERVICE OFFICER\_



Referee's Bank:

Referee's Account Number:

Referee's Account Name:

Referee's Signature:

Name of Bank

Account No. (For official use only):  CAUTION: It is dangerous to introduce any individual not well known to you.
Date: D D M M Y Y Y Y
are well known to me/us and I/We consider
Date: M M Y Y Y Y
Account No. (For official use only):  CAUTION:  It is dangerous to introduce any individual not well known to you.
Date: D D M M Y Y Y Y
are well known to me/us and I/We consider

REFERENCE FORM		Date: D D M M Y Y Y Y
	REFEREE	
Name of Referee:		
Address:		
То:	First Bank of Nigeria Limited	
Branch:		
Dear Sir,		
Name of Applicant:		
	al/company wishes to open a current account with you, maintain this account with you.	. He/She/They is/are well known to me/us and I/We consider
Referee's Bank:	Name of Bank	Branch:
Referee's Account Number:		
Referee's Account Name:		
Referee's Signature:		Date:
FirstBo Sin	ink ce 1894	Account No. (For official use only):  CAUTION: It is dangerous to introduce any individunot well known to you.  Date:
	REFEREE	
Name of Referee:		
Address:		
То:	First Bank of Nigeria Limited	
Branch:		
Dear Sir,		
Name of Applicant:		
	al/company wishes to open a current account with you, maintain this account with you.	. He/She/They is/are well known to me/us and I/We consider

Branch:

Date: