







Account No. (For Official use only):  

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 Customer ID. (For Official use only):  

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**TERMS AND CONDITIONS**

I/we hereby agree to be bound by these and other terms and conditions existing now and in the future governing the operation of my/our account(s) and other Banking services which include internet banking, mobile banking, Smart Card, Telephone Banking, Automated Teller Machine (ATM), Domestic/International Money Transfer and Master Card; we also agree to be bound by relevant laws and customary banking practices to which my/our accounts may be subject.

1. I/we agree to provide true, accurate and complete information about my/ourselves as requested in my/our registration/account opening and any other forms from time to time. I/we agree to be liable for the consequences of any misrepresentation or inaccurate information and to assume full responsibility for the genuineness, correctness and validity of all transactions in relation to my/our account.
2. I/we agree to be bound by any notification of change in the conditions governing the account directed to my/our last known address and any notice or letter sent to my/our last known address shall be considered as duly delivered and received by me/us at the time it would be delivered in the ordinary course of mailing.
3. I/we agree that if a fraudulent activity is associated with the operation of my/our account, the Bank has the right to apply restrictions to my/our account and report to appropriate law enforcement agencies.
4. The Bank is authorized to undertake and debit my/our account for the cost of conducting Know Your Customer (KYC) and other relevant formalities required by applicable regulations or banking policies at the appropriate Government offices and/or through other legitimate means.
5. I/we agree that all funds standing to my/our credit are payable on demand only in such local currency in which they are maintained.
6. The Bank is hereby authorized in the ordinary course of its business and at its discretion to place my/our funds in any appropriate investment or on deposit and to renew/reinvest at maturity any investments or deposit made in my/our names) on the same terms and conditions that apply to such investment/deposit immediately prior to its maturity or on such other terms and conditions as the Bank may in its absolute discretion, consider appropriate under the circumstance.
7. If for any reason the bank authorizes the payment of cheques, draft or orders when at the material time my/our account does not have sufficient funds to accommodate the value of such instrument, and my/our said account is thereby thrown into debit, I/we agree that an overdraft position is thereby created. Any sum or sums standing to the debit of my/our account as a result of this overdraft position shall automatically be liable to interest charges at the rate fixed by the bank from time to time. The Bank is authorized to debit my/our accounts with the usual bank charges, interest and commission.
8. The Bank shall, in addition to any general lien, right of setoff or similar rights prescribed by law, be entitled, without notice to me/us, to combine and consolidate all or any of my/our accounts with the Bank, to set off or transfer any or all amounts owed by me/us to the Bank against any and all monies which the Bank may hold for my/our accounts or any other credit be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to me/us whether held on current or deposit account or otherwise and whether in Naira or any other currency.
9. When effecting any right of set-off, the Bank shall be entitled in its absolute discretion to convert any Naira or foreign currency into the currency in which the amount owed was incurred at the applicable official exchange rate for the currencies in question at the time of such conversion.
10. Commissions and charges shall be payable in accordance with the Banks standard scale of charges in force from time to time copies of which are available on request. The Bank reserves the right to amend its rates of interest in accordance with prevailing rate of interest from time to time.
11. The Bank is authorized, where the balance standing to the credit of my/our account is below the required minimum balance or otherwise in its absolute discretion to close my/our account(s) upon giving seven (7) days notice in writing to me/us at my/our address for correspondence given or such other address as may be notified from time to time by me/us in writing to you.
12. I/we agree to hold the Bank free from any responsibility for any loss of funds deposited with the Bank due to any government order, law, levy, tax, embargo, exchange restriction or other cause beyond the Banks control
13. No failure or delay in exercising any right power or privilege vested in the bank shall operate as a waiver thereof nor shall any partial exercise of such right, power or privilege preclude any other or further exercise thereof.
14. If any of the conditions or the provisions specified herein is invalid, illegal or unenforceable in any respect under any relevant laws, the validity, legality and enforceability of the remaining conditions and/or provisions contained herein shall not in any manner be affected or impaired thereby.
15. I/we acknowledge that before the Banks electronic service can be available to me/us, I/we must have any one following:  
a) A valid email address (b) A Pass or Access code (c) Token (d) A Personal Identification Number PIN.
16. I/We understand and acknowledge that electronic mails are insecure transmission media. Therefore, where I/we advise the Bank to accept my/our instruction in such manner, I/ we undertake to indemnify the Bank in full for any loss it may suffer or incur by reason of its honoring my/our said electronic instructions, irrespective of whether the instruction was issued in accordance with the mandate for my/our account(s) and purports to bear the facsimile or electronic mail signatures provided to the Bank by me/us.
17. Once the Bank is instructed by means of my/our PIN or other Pass/Access code, the bank is entitled to assume that the instructions are validly given and authorized by me/ us and to rely on same, without liability to the Bank.
18. I/we appreciate the necessity to safe guard my/our cheque book and passwords/access codes so that unauthorized persons are unable to gain access to it/them. Any neglect of this precaution shall be a ground for disclaimer of liability by the Bank and may further occasion consequential loss(es) being charged to my/our account.
19. In the unlikely event that your card can access an account that does not belong to you or vice versa, it shall be your duty to report such immediately to Firstcontact 0700FIRSTCONTACT (0700-34778-2668228), 01-4485500, 0708-062-5000 or email firstcontact@firstbanknigeria.com. for the access to be removed.
20. We agree that any disagreement with entries in my/our Bank Statement will be made by us within 15 days of the dispatch of the bank Statement. Failing receipt by the Bank of a notice of disagreement of entries within 15days from the date of dispatch of our bank statement, it will be assumed by the bank that the statement as rendered is correct.

**DECLARATION**

I hereby apply for the opening of an account with First Bank of Nigeria Ltd. I have read and understood the above terms and conditions governing the opening of an account with First Bank of Nigeria Ltd and those relating to various products and services that I have requested including but not limited to Debit Cards/Credit Cards/Internet Banking/Mobile Banking/SMS and Email Alerts.

I accept and agree to be bound by the terms and conditions including those excluding/limiting the banks liability. I understand that the Bank may debit my account for service charges as applicable from time to time. I hereby declare that information given above is true and correct and to the best of my knowledge.

 Customer Signature: 

 Date: 

D	D	M	M	Y	Y	Y	Y

 Additional Customer Signature (For Joint Account Application Only): 

 Date: 

D	D	M	M	Y	Y	Y	Y

**FOR OFFICIAL USE ONLY**

Is the Applicant a Politically Exposed Person?  Yes  No

**DOCUMENTATION CHECKED BY:**

CSO Name:	<input style="width: 100%;" type="text"/>																	
Staff Number:	<input style="width: 80%;" type="text"/>	Signature <input style="width: 150px;" type="text"/>																
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y											

**DEFERRAL OF DOCUMENT (IF ANY) AUTHORISED BY:**

Name:	<input style="width: 100%;" type="text"/>																	
Staff Number:	<input style="width: 80%;" type="text"/>	Signature <input style="width: 150px;" type="text"/>																
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
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Account No. (For Official use only):

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Customer ID. (For Official use only):

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**REQUIREMENTS CHECKLIST (FOR OFFICIAL USE ONLY)**

SAVINGS & XPLOREFIRST ACCOUNT			
S/N	Documents Required	Checked	Deferred
1	Duly completed Account Opening Form		
2	Specimen signature card duly completed		
3	Personal Data Processing Consent Form dully completed and signed		
4	Two (2) passport photographs (please write your name and sign on the photographs)		
5	Evidence of Identification (any of the underlisted) a. Nigerian International Passport b. Nigeria National ID c. Nigeria Drivers license d. Nigerian voters card e. Foreign passport (if place of birth is Nigeria) f. Residence or Work permit (if nationality is Nigeria)		
6	Proof of Address (any of the underlisted) a. Valid proof of address of residency e.g. Current utility bill not exceeding 3 months b. Identity card with name & address (e.g. foreign drivers license) c. Purchase invoices. d. Bank or credit card statement issued within the last three (3) months.		

KIDSFIRST AND MEFIRST ACCOUNTS			
S/N	Documents Required	Checked	Deferred
1	All requirements listed for Savings account for the guardian/parent		
2	Personal Data Processing Consent Form dully completed and signed		
3	Two (2) passport photographs of the child (please write his/her name and sign on the photographs)		
4	Evidence of Identification (any of the underlisted) a. Nigerian International Passport b. Foreign Passport c. Birth Certificate		

CURRENT/DOMICILIARY ACCOUNT			
S/N	Documents Required	Checked	Deferred
1	Duly completed Account opening form		
2	Specimen signature card duly completed		
3	Personal Data Processing Consent Form dully completed and signed		
4	Two (2) passport photographs (please write your name and sign on the photographs)		
5	Evidence of Identification (any of the underlisted) a. Nigerian International Passport b. Nigeria National ID c. Nigeria Drivers license d. Nigerian voters card e. Foreign passport (if place of birth is Nigeria) f. Residence or Work permit (if nationality is Nigeria)		
6	Proof of Address (any of the underlisted) a. Valid proof of address of residency e.g. Current utility bill not exceeding 3 months b. Identity card with name & address (e.g. foreign drivers license) c. Purchase invoices. d. Bank or credit card statement issued within the last three (3) months.		
7	Two satisfactory references (any of the underlisted) a. One reference obtained from current/domiciliary account holder from a Nigerian bank and one Foreign bankers confirmation. b. Two references from a current/domiciliary account holders with any Nigerian Bank. c. Employers letter of introduction OR ID/students admission letter and One reference obtained from current/domiciliary account holder from any Nigerian bank.		





Account No. (For Official use only):

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CAUTION:

It is dangerous to introduce any individual not well known to you.

**REFERENCE FORM**

Date: 

D	D	M	M	Y	Y	Y	Y

**REFEREE**

Name of Referee:

Address:

**To: First Bank of Nigeria Limited**

Branch:

**Dear Sir,**

Name of Applicant:

The above named individual/company wishes to open a current account with you, He/She/They is/are well known to me/us and I/We consider him/her/ them suitable to maintain this account with you.

Referees Bank:  Branch:

Referees Account Number:

Referees Account Name:

Referees Signature:

Date: 

D	D	M	M	Y	Y	Y	Y



Account No. (For Official use only):

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CAUTION:

It is dangerous to introduce any individual not well known to you.

**REFERENCE FORM**

Date: 

D	D	M	M	Y	Y	Y	Y

**REFEREE**

Name of Referee:

Address:

**To: First Bank of Nigeria Limited**

Branch:

**Dear Sir,**

Name of Applicant:

The above named individual/company wishes to open a current account with you, He/She/They is/are well known to me/us and I/We consider him/her/ them suitable to maintain this account with you.

Referees Bank:  Branch:

Referees Account Number:

Referees Account Name:

Referees Signature:

Date: 

D	D	M	M	Y	Y	Y	Y

The Managing Director  
First Bank of Nigeria Limited  
35, Marina Lagos.

Dear Sir,

## INDEMNITY (Individual/Joint Account)

WHEREAS ..... whose address is at  
(Name of Customer)

.....("the Customer")

with Account ..... ("the Account") with

..... branch of First Bank of Nigeria Limited ("the Bank"), has requested the Bank to consider and/or act on Funds Transfer instructions and/or other requests to the Bank communicated from time to time via electronic mail (email) purportedly emanating from the email address(es) shown in the table below or such other email address that the Bank may subsequently agree to act upon at the Customer's request ("Email Instruction(s)").

**IN CONSIDERATION** of the Bank considering and/or acting upon an Email Instruction, the Customer hereby formally, unreservedly, irrevocably and unconditionally declares and covenants as follows:

1. That the Bank is hereby authorized, in its sole discretion, to consider and/or act upon Email Instruction(s) without the necessity of any original signature(s) or conformity of the instruction with any other mandate or the requirement of any other confirmation on the part of the Bank. In respect of funds transfer and/or any other request(s) determined by the Bank, an E-Mail instruction shall require a scanned copy of the instruction duly signed in accordance with the existing mandate.
2. The Customer is fully aware that Email Instructions are unsecure means of communication and are therefore prone to the risk of omissions, errors, mis-statements, non-receipts, fraud and/or other unauthorised interventions by third parties, all such risk which the Customer hereby fully assumes.
3. The Bank may, but is not obliged to seek telephone confirmation or other form(s) of confirmation of an Email Instruction; and shall exercise its discretion to proceed or refrain from acting upon an Email Instruction in the event that the Bank is unable to obtain satisfactory confirmation thereof, or has any reason to doubt the authenticity of an Email Instruction or the confirmation received in respect thereof.
4. The Bank has no obligation whatsoever to confirm or verify the identity of the person(s) sending any Email Instruction or the genuineness of any Email Instruction. Any transaction processed pursuant to an Email Instruction shall be binding on the Customer for all intents and purposes and whether made with or without the Customer's authority, knowledge or consent.
5. The Customer shall ensure the security of his/her/their email address(es) and electronic devices; and shall inform the Bank forthwith upon the happening of any circumstances likely to render the continued use of Email instructions unsafe.

6. The Bank shall endeavour to refrain from processing an Email Instruction upon receiving a notification pursuant to Clause 5 above. This shall however be without prejudice to the Customer's covenants and obligations herein in respect of any transaction processed whether prior or subsequent to the notification.
7. The Bank retains the sole discretion to process an Email Instruction, or any part thereof; and shall not be under any obligation to provide reasons for failing so to do.
8. The Customer waives all right of action or defences it may have against the Bank in connection with all matters contemplated herein, and shall further hold the Bank free and harmless from any responsibility, liability or adverse consequence (whether direct or indirect) in connection with receiving, considering and/or processing the Customer's Email Instruction(s). The Customer shall further indemnify and keep the Bank fully indemnified against all litigations, actions, claims, loss, damage, costs and/or expenses which may be brought against the Bank or suffered or incurred by the Bank and which may have arisen either directly or indirectly out of or in connection with the Bank's receiving, consideration and/or processing the Customer's Email Instruction(s).
9. This Indemnity shall be a continuing obligation in respect of any and all matters connected to or arising from the Bank's receipt, consideration or processing of the Customer's Email Instructions.

This Indemnity shall be construed in accordance with the laws of the Federal Republic of Nigeria.

<b>Email Address</b> <i>(The email address must be one that previously exists in the Bank's records)</i>	
<b>Primary e-mail</b>	
<b>Alternate e-mail</b>	

Dated this ..... day of ....., 20.....

**SIGNED, SEALED AND DELIVERED**

by the Customer:

Name: .....  
Signature

Name: .....  
Signature

**IN THE PRESENCE OF WITNESS:**

Name: .....

Signature: .....

Address: .....

Occupation: .....



**ACCOUNT OPENING FORM SUPPLEMENT**

Kindly complete in block letters and tick as appropriate.

(For Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) purposes)

Name: \_\_\_\_\_

Country of residence: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

	Yes	No
1. Are you a US resident?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a US citizen?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a US Permanent Resident Card (Green Card)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you resident in any of the *OECD countries listed below?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have one or more *Controlling Persons who are resident in any of the OECD countries listed below? (for Entities only)	<input type="checkbox"/>	<input type="checkbox"/>

- |                          |                     |                    |                                    |
|--------------------------|---------------------|--------------------|------------------------------------|
| ■ Albania                | ■ Curacao           | ■ Jersey           | ■ Poland                           |
| ■ Andorra                | ■ Cyprus            | ■ Kazakhstan       | ■ Portugal                         |
| ■ Anguilla               | ■ Czech Republic    | ■ Korea            | ■ Qatar                            |
| ■ Antigua and Barbuda    | ■ Denmark           | ■ Kuwait           | ■ Romania                          |
| ■ Argentina              | ■ Dominica          | ■ Latvia           | ■ Russian Federation               |
| ■ Aruba                  | ■ Ecuador           | ■ Lebanon          | ■ Saint Kitts and Nevis            |
| ■ Australia              | ■ Estonia           | ■ Liberia          | ■ Saint Lucia                      |
| ■ Austria                | ■ Faroe Islands     | ■ Liechtenstein    | ■ Saint Vincent and the Grenadines |
| ■ Azerbaijan             | ■ Finland           | ■ Lithuania        | ■ Samoa                            |
| ■ The Bahamas            | ■ France            | ■ Luxembourg       | ■ San Marino                       |
| ■ Bahrain                | ■ Germany           | ■ Macau (China)    | ■ Saudi Arabia                     |
| ■ Barbados               | ■ Ghana             | ■ Malaysia         | ■ Seychelles                       |
| ■ Belgium                | ■ Gibraltar         | ■ Malta            | ■ Singapore                        |
| ■ Belize                 | ■ Greece            | ■ Marshall Islands | ■ Sint Maarten                     |
| ■ Bermuda                | ■ Greenland         | ■ Mauritius        | ■ Slovak Republic                  |
| ■ Brazil                 | ■ Grenada           | ■ Mexico           | ■ Slovenia                         |
| ■ British Virgin Islands | ■ Guernsey          | ■ Monaco           | ■ South Africa                     |
| ■ Brunei                 | ■ Hong Kong (China) | ■ Montserrat       | ■ Spain                            |
| ■ Bulgaria               | ■ Hungary           | ■ Morocco          | ■ Sweden                           |
| ■ Canada                 | ■ Iceland           | ■ Nauru            | ■ Switzerland                      |
| ■ Cayman Islands         | ■ India             | ■ Netherlands      | ■ Turkey                           |
| ■ Chile                  | ■ Indonesia         | ■ New Zealand      | ■ Turks & Caicos Islands           |
| ■ China                  | ■ Ireland           | ■ Niue             | ■ United Arab Emirates             |
| ■ Colombia               | ■ Israel            | ■ Norway           | ■ United Kingdom                   |
| ■ Costa Rica             | ■ Isle of Man       | ■ Oman             | ■ Uruguay                          |
| ■ Cook Islands           | ■ Italy             | ■ Pakistan         | ■ Vanuatu                          |
| ■ Croatia                | ■ Japan             | ■ Panama           |                                    |

*I confirm that the information provided is true, accurate and complete. I acknowledge that the information contained in this form may be provided to the US Authorities and other relevant tax authorities, in line with regulatory provision, and hereby discharge the Bank from its confidentiality obligations under any other contractual or legal provision that precludes the Bank from disclosing the information.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*OECD - Organization for Economic Cooperation and Development

\*Controlling Person- This is a natural person who exercises control over an entity. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force (FATF).

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.  
► Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.  
► Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form if:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- You are a person acting as an intermediary . . . . . **W-8IMY**

**Instead, use Form:**

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner (see instructions)**

<b>1</b> Name of individual who is the beneficial owner	<b>2</b> Country of citizenship
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country
<b>4</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,

The person named on line 1 of this form is not a U.S. person,

The income to which this form relates is:

- (a) not effectively connected with the conduct of a trade or business in the United States,
- (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
- (c) the partners share of a partnership's effectively connected income,

The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and

For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**



\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Print name of signer

\_\_\_\_\_  
Capacity in which acting (if form is not signed by beneficial owner)