





ADDITIONAL ACCOUNT SIGNATORY

of the primary account holder.

ACCOUNT No. (for	officia	al use	only) (CUSTO	OME	R ID (for c	offic	al u	se o	nly)							ВІ	MC	ETR	IC	ID I	No.						
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This form should be comple	eted in CA	APITAL	LETTER	S using	BLACE	K INK.	Charact	ers and	l mark	s sho	uld be	simil	ar in s	style t	o the	follow	ving	АВ	c ~	1								_		
Account Name					_	Ļ																								
	Ad	lditiona	al Sign	atory		Rep	lacemer	nt of S	Signat	ory																				
Name of Signatory beir	g Introd	luced ,	/ Repla	aced																										
Reason for addition / re	eplaceme																													
NEW SIGNATORY DETAILS																														
Title			Sur	name																										
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First Name				+													+	\dashv		_	_	_						H		=
Other Name		Щ		_															М		I Y							Ш		
Biometric ID													Date	e of E	Birth				IVI		Ľ	ľ			Ge	nder		F		M
Mother's Maiden Name																														
Occupation																														
Status/Job Title																		i		İ										
Means of Identification:																														
National ID Card National Driver's License International Passport INEC Voter's Card Others (please specify) D D M M Y Y Y Y Y D D M M Y Y Y Y Y																														
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Nearest Bus Stop/ Landmark																														
City/Town																														
Local Govt. Area				Ī												Stat	te		i	i	Ť									
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Nationality															Dua	l Citiz	enshi	p?	`	/es		No	lf	Yes,	Plea	se St	ate: .			
Email Address (Optional	.)	Щ																				_	D			М	Y		Y	
Class of Signatory (e.g. /	A,B,C etc	.)					S	ignatu	re	_										-	Date							Ė		
ACCOUNT SERVICES OFFERED (PLEASE TICK OPTION BELOW)																														
Interactive Voice Recording (IVR) Cheque Book Request																														
Withdrawal Withdrawal Limit:														Ī		Requ	ests	for S	tate	ment	of A	Ассо	unt							
Fund Transfers Transfer Limit: SMS Alerts Debits Only Credit On											Only		В	Both																
Check Balance Other Services Please Specify: Email Alerts																														

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 that an instruction is made by Authorised Signatory(ies) in accordance with an existing Mandate, the Bank may, where it deems it necessary or	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 sig	n accross Date Date									
Signature of Account HolderAffix postage stamp here and sig	n accross									
REQUIREMENTS CHECKLIST AND DOCUMENT SIGN OFFS (FOR O	FFICIAL USE ONLY)									
S/N DOCUMENTATION REQUIRED	YES CHECKED DEFERRED									
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 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										
Name										
Staff Number Signature	Date Date Date Date Date Date Date Date									
Address verification carried out by:										
Name										
Staff Number Signature	Date D D M M Y Y Y Y									
Name										
Staff Number Signature	Date D D M M Y Y Y Y									
Comment(s): (Additional description and Results Findings)										
Comment(s). (Additional description and Results Findings)										