

FIRSTPAY APPLICATION FORM

A: CORPORATE DETAILS (To	be filled by the requesting organization	on)	Date M M M M M M
Organisation Name:			
Address (Not P.O. Box):			
RC No (where applicable): Type of Institution (Corporate or Govt?): Website Address: (where available):			
Organization Administrator			
Name (Surname First): User ID (suggested by User):			
Mobile Tel. Number:			
e-mail Address:			
Organization Authorised			
Signatory *(PIN Recipient) Surname First:			
User ID (suggested by User): Mobile Tel. Number:			
e-mail Address:			
e mait Address.			
TRANSACTION LIMIT:	DAILY LIMIT	BATCH LIMIT	
TRANSACTION LIMIT:	DAILY LIMIT	BATCH LIMIT	N \$ € £
TRANSACTION LIMIT:		BATCH LIMIT details of your Company Account	
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	Please indicate below the	e details of your Company Accoun	t(s)
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	Please indicate below the	e details of your Company Accoun	t(s)
	Please indicate below the NT NAME ACCO	e details of your Company Accoun	t(s) BANK BANK
S/N ACCOU	Please indicate below the NT NAME ACCO	e details of your Company Account OUNT NUMBER (NUBAN) ** ** ** ** ** ** ** ** **	t(s) E £ BANK Don Approvals
TOKEN AUTHENTICATION Re (Please tick as appropriate) Transaction Charge to be be NOTE: The Administrator can add	Please indicate below the NT NAME ACCO	e details of your Company Account OUNT NUMBER (NUBAN) File Upload Beneficiary Corporate oving officers, set up approval limits and	t(s) E £ BANK Don Approvals
TOKEN AUTHENTICATION Re(Please tick as appropriate) Transaction Charge to be be NOTE: The Administrator can add will be approved by the Authorised	Please indicate below the NT NAME ACCO	e details of your Company Account OUNT NUMBER (NUBAN) File Upload Beneficiary Corporate oving officers, set up approval limits and	t(s) E £ BANK Don Approvals define approval workflow. These actions
TOKEN AUTHENTICATION Re(Please tick as appropriate) Transaction Charge to be be NOTE: The Administrator can add will be approved by the Authorised	Please indicate below the NT NAME ACCO	e details of your Company Account OUNT NUMBER (NUBAN) File Upload Verification Beneficiary Corporate oving officers, set up approval limits and actional on the Platform.	t(s) E £ BANK Don Approvals define approval workflow. These actions
S/N ACCOUNTY	Please indicate below the NT NAME ACCO	e details of your Company Account OUNT NUMBER (NUBAN) File Upload Verification Beneficiary Corporate coving officers, set up approval limits and actional on the Platform. Ins. It is advised that you take time to reveal and specifications designated by the Bar for the provision of the Service; and the Electrons.	t(s) E £ BANK Don Approvals define approval workflow. These actions view the full document.

- 3. The Customer shall protect and ensure the safety of its access information, password(s), token(s), Personal Identification Number (PINs), user profiles, access, security or confidential details in respect of the Service ("the Security Details"). Customer assumes responsibility for the integrity and security of the Security Details of all Users.
- 4. The Customer takes full responsibility for the Users created on FirstPay for the Service. The Customer confirms that the Users are of high integrity and good character, and shall be set up for their respective roles in accordance with Customer's approved policies.
- The Bank is hereby exonerated (but not prohibited) from conducting any checks on any User. The Customer shall provide the Bank with any information and/or document required for this purpose.
- 6. Customer understands and agrees that any Instruction sent using the Service need not be subject to any other mandate or confirmation requirements on the part of the Bank. The Bank may however decide to seek further confirmation if it deems it necessary or prudent.
- The Customer understands that payment instruction(s) made via any other means other than the Service will continue to be subject to the Customer's subsisting mandate instructions and confirmation rules.

..... hereby certify that the information provided in this form is true and accurate. We agree to use FirstPay in accordance with its terms and conditions and that First Bank of Nigeria Limited reserves the right to take appropriate measure including taking

legal actions if the information here is discovered to be false Authorised Signatories to the Account(s) Signature Name **Position** Date FOR OFFICIAL USE ONLY Received by: (FirstBank Account Officer) Name Mobile Telephone Staff number Group Corporate D CIF No Date **Business Units** Is customer a FINTECH? Yes (If "Yes" attach the customer's PSSP Licenses) No Is customer KYC / KYB Compliant? Yes No Signature INSTRUCTION TO THE ACCOUNT OFFICER: Please forward completed forms to Transaction Banking Group Authorising Bank Officials: Relationship Manager BM/BDM Group Head/RICO Name Signature Date Processing Officer (Shared Services): Name Signature GCIF number Date