

## FristTrade Application

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |

### CORPORATE DETAILS (To be filled by the requesting organisation)

Organisation Name   
 Abbreviated Name   
 Address (Not P.O. Box):   
  
 Website Address:   
 RC No  Country of Reg.   
 Tax Identification No (TIN)

Please indicate below the details of your Company Account(s)

| S/N                  | Account Name         | Account Number       | Currency             | Acct. Type           |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Contact Person Details

|                      | Surname              | First Name           | Other Name           |
|----------------------|----------------------|----------------------|----------------------|
| Contact Person       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address        | <input type="text"/> |                      |                      |
| Contact Phone number | <input type="text"/> |                      |                      |

Please tick this box if contact person should authorize own transaction

### User A

|                     | Surname                                  | First Name                           | Other Name                             |
|---------------------|--|--------------------------------------|--|
| Names               | <input type="text"/>                     | <input type="text"/>                 | <input type="text"/>                   |
| Phone number        | <input type="text"/>                     | Daily Limit                          | <input type="text"/>                   |
| Email Address       | <input type="text"/>                     |                                      |  |
| Authorization Level | <input type="checkbox"/> * Administrator | <input type="checkbox"/> ^ Initiator | <input type="checkbox"/> ** Approver   |
|                     |  |                                      | <input type="checkbox"/> ^^ Power User |

### User B

|                     | Surname                                  | First Name                           | Other Name                             |
|---------------------|--|--------------------------------------|--|
| Names               | <input type="text"/>                     | <input type="text"/>                 | <input type="text"/>                   |
| Phone number        | <input type="text"/>                     | Daily Limit                          | <input type="text"/>                   |
| Email Address       | <input type="text"/>                     |                                      |  |
| Authorization Level | <input type="checkbox"/> * Administrator | <input type="checkbox"/> ^ Initiator | <input type="checkbox"/> ** Approver   |
|                     |  |                                      | <input type="checkbox"/> ^^ Power User |

### User C

|                     | Surname                                  | First Name                           | Other Name                             |
|---------------------|--|--------------------------------------|--|
| Names               | <input type="text"/>                     | <input type="text"/>                 | <input type="text"/>                   |
| Phone number        | <input type="text"/>                     | Daily Limit                          | <input type="text"/>                   |
| Email Address       | <input type="text"/>                     |                                      |  |
| Authorization Level | <input type="checkbox"/> * Administrator | <input type="checkbox"/> ^ Initiator | <input type="checkbox"/> ** Approver   |
|                     |  |                                      | <input type="checkbox"/> ^^ Power User |

\*Administrator: Responsible for administering users

\*\* Approver: Approve initiated transactions

^ Initiator: Only initiate transactions

^^ Power User: Initiates and approves transactions

**Terms and Conditions**

Note:  
The Administrator can add more users, create intermediate approving officers, set up approval limits and define approval workflow. These sections will be approved by the Authorised signatory before it can become functional on the platform.

The following represents an extract from the FirstTrade Terms and Conditions. It is advised that you take time to review the full documents.

By using FirstTrade Services we agree:

1. The customer shall comply with all instructions, formats and specifications designated by the Bank from time to time.

2. The customer shall pay the fees stipulated by the Bank for the provision of the Service; and the Bank is hereby authorised to debit its account(s) for the payment of any such fee as and when due

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 user created on FirstTrade 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 documents required for this purpose

5. Customer understands and agrees that any instruction(s) 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.

6. 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'

We, the undersigned on behalf of

hereby certify that the information provided in this form is true and accurate. We agree to use FirstTrade in accordance with its terms and conditions and that FirstBank of Nigeria Limited reserves the right to take appropriate measure including taking legal actions if the information here is discovered to be false.

|                           |  |   |
|---------------------------|--|---|
| <b>Transaction Limit:</b> | <b>Daily Limit</b> ₦ <input type="text"/>  | <b>Batch Limit</b> ₦ <input type="text"/> |
|                           | <b>Single Limit</b> ₦ <input type="text"/> |   |

| Authorised signatories: (As per mandate)<br>Name | Designation          | Signature & Date     |
|--|----------------------|----------------------|
| <input type="text"/>                             | <input type="text"/> | <input type="text"/> |
| Name   | Designation          | Signature & Date     |
| <input type="text"/>                             | <input type="text"/> | <input type="text"/> |
| Name   | Designation          | Signature & Date     |
| <input type="text"/>                             | <input type="text"/> | <input type="text"/> |
| Name   | Designation          | Signature & Date     |

**FOR OFFICIAL USE ONLY**

**Received by: (FirstBank Account Officer)**

Name

Staff number

CIF No

SBU

Mobile Telephone

Date 

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| D                    | D                    | M                    | M                    | Y                    | Y                    | Y                    | Y                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Group

Nature of Business (e.g. Educational, Manufacturing, FinTech, etc)

Is customer KYC / KYB Compliant? Yes  No

Signature

INSTRUCTION TO THE ACCOUNT OFFICER: Verify all mandates using SV stamp, signature and staff number of verifier. Please forward completed forms to Trade Services TBG.

**Authorising Bank Officials**

|                      | BSM\HCFD  | Business Manager        | Group Head/BDM          |                      |                      |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
|----------------------|---|-------------------------|-------------------------|----------------------|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|---|---|---|---|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|---|---|---|---|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name                 | <input type="text"/>  | <input type="text"/>    | <input type="text"/>    |                      |                      |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
| Staff No             | SN <input type="text"/>   | SN <input type="text"/> | SN <input type="text"/> |                      |                      |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
| Signature            | <input type="text"/>  | <input type="text"/>    | <input type="text"/>    |                      |                      |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
| Date                 | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> | D                       | D                       | M                    | M                    | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> | D | D | M | M | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> | D | D | M | M | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D                    | D   | M                       | M                       | Y                    | Y                    |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>  | <input type="text"/>    | <input type="text"/>    | <input type="text"/> | <input type="text"/> |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
| D                    | D   | M                       | M                       | Y                    | Y                    |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>  | <input type="text"/>    | <input type="text"/>    | <input type="text"/> | <input type="text"/> |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
| D                    | D   | M                       | M                       | Y                    | Y                    |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>  | <input type="text"/>    | <input type="text"/>    | <input type="text"/> | <input type="text"/> |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |   |   |   |   |   |   |   |                      |                      |                      |                      |                      |                      |