

## FIRSTDIRECT APPLICATION FORM

A: CORPORATE DETAILS (To be filled by the requesting organisation)

Date 

D	D	M	M	M	M	M	M

Organisation Name

Address (Not P.O. Box)

Tax Identification No (TIN)

RC number (where applicable)

Type of Institution (Corporate or Govt?)

Website Address (where available)

**Services** (Please select services required)

<input type="checkbox"/> Account Service	<input type="checkbox"/> Payments	<input type="checkbox"/> Collections & Receivable	<input type="checkbox"/> Payroll	<input type="checkbox"/> Virtual Account
<input type="checkbox"/> Trade Service	<input type="checkbox"/> Liquidity Management	<input type="checkbox"/> Supply Chain Finance	<input type="checkbox"/> Escrow Service	<input type="checkbox"/> Direct Debit

**API Services** (Please select services required)

<input type="checkbox"/> Account Service	<input type="checkbox"/> Payments	<input type="checkbox"/> Collections
<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Virtual Account	

For API Services, Customer is expected to provide an instruction detailing the request.

	DAILY LIMIT	SINGLE PAYMENT LIMIT	BULK PAYMENT LIMIT	#	\$	€	£
TRANSACTION LIMIT	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

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

### FUNDING ACCOUNT(S)

S/N	ACCOUNT NAME	ACCOUNT NUMBER (NUBAN)	#	\$	£	BANK
<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

### RECEIVABLES ACCOUNT(S)

S/N	ACCOUNT NAME	ACCOUNT NUMBER (NUBAN)	#	\$	£	BANK
<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Additional account details should be provided in an excel sheet.

Provide Users' details on Company's Letter Head using the template below

**Initiator**

S/N	Preferred Username	Full Name	Phone No	Email
<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Verifier**

S/N	Preferred Username	Full Name	Phone No	Email
<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Authorizer**

S/N	Preferred Username	Full Name	Phone No	Email
<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Transaction Charges to be borne by (Subject to CBN guideline)

Service				
Payments	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Corporate		
Payroll	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Corporate		
Collections & Receivables	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Corporate		

## Authorised Signatories to the Account(s)

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	_____		

**FOR OFFICIAL USE ONLY**

### Received by: Relationship Manager

Name	<input type="text"/>	Mobile Telephone	<input type="text"/>																
Staff Number	<input type="text"/>	Group	<input type="text"/>																
Business Unit	<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><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><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>
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"/>												

Is customer a FINTECH? Yes  No  (If "Yes" attach the customer's CBN issued Licenses)

Is customer KYC / KYB Complaint? Yes  No

Signature \_\_\_\_\_

INSTRUCTION TO THE ACCOUNT OFFICER: Please forward completed forms to Transaction Banking Division

### Authorising Bank Officials

	BM	Group Head
Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Staff ID	<input type="text"/>	
Signature	_____	_____