

FIRSTDIRECT APPLICATION FORM

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

Date

D	D	M	M	Y	Y	Y	Y

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)

Contact Person

Name
Phone No
E-mail Address
Designation

Services <small>(Please select services required)</small>	<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 <small>(Please select services required)</small>	<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 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

FUNDING ACCOUNT(S)

S/N	ACCOUNT NAME	ACCOUNT NUMBER (NUBAN)	#	\$	£	BANK
<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"/>

RECEIVABLES ACCOUNT(S)

S/N	ACCOUNT NAME	ACCOUNT NUMBER (NUBAN)	#	\$	€	£	BANK
<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"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Verifier

S/N	Preferred Username	Full Name	Phone No	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorizer

S/N	Preferred Username	Full Name	Phone No	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Service

Payments

Beneficiary

Corporate

Payroll

Beneficiary

Corporate

Collections & Receivables

Beneficiary

Corporate

Authorised Signatories to the Account(s)

Name

Position

Date

Signature _____

FOR OFFICIAL USE ONLY

Received by: Relationship Manager

Name

Mobile Telephone

Staff Number

Group

Business Unit

Date

D	D	M	M	Y	Y	Y	Y

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

Date

Staff ID

Signature _____

Signature _____