

CHECKLIST

1. Complete all relevant portions of the account opening application form
2. Complete the enclosed signature cards stating whether you are the sole signatory or the proper combination of signatories.
3. Insert your company name on the reference forms endorsed and get companies who currently maintain current accounts with any bank in Nigeria to act as referees. Your account will be opened faster if the referees maintain accounts with any branch of AFRIBANK NIGERIA PLC.
4. Supply the under listed documents along with completed application package. Please bring along the original documents for sighting.
 - Original Copy of Certificate of Incorporation of your company
 - Certified two copy of Memorandum and Articles of Association.
 - Certification True Copy of Form C07 [Particulars of Directors]
 - Two Passport Photographs of each signatory to the account.
 - Resident permit for foreign citizens
 - Identification document for signatories to the Account e.g. Driver's licence, International Passport, Staff identity card or National ID card.
 - A copy each of 3 months current utility bills, original to be sighted.
5. Mandate and Resolution in the package is to be signed by the Director and Secretary with the Company seal.

ACCOUNT OPENING FORM- CORPORATE

1. Name of Company

2. Company RC No and date of incorporation

3. Registered office address

4. Tax I.D. No

Mailing/ correspondence address if different from above

Tel

Fax

E-mail

Type of Business

Related Companies

Senior Management of the Company, Titles and Personal Identification

Name	Title	Identification

Account with other Banks

Name of Bank	Address of Bank/ Branch	Account Name and Number

CORPORATE



References

Name and Address	Business / Occupation	Banker/ Account No	Type of Account

Kindly open a Current / Deposit / Domiciliary account for us with your.....branch
Thank you

Yours Faithfully

.....
Name Signature Designation

At the meeting of the Board of Directors

Held at

On the day of 20

It was duly resolved:

1. That Afribank Nigeria Plc (hereinafter called 'the Bank') be and is hereby designated banker 10 this Company.
2. That the Bank is instructed 10 pay and honour all cheques, drafts or orders issued by us on behalf of this Company on the Banking account/accounts in the name of the Company, and all bills and promissory notes payable at the said Bank and expressed 10 be accepted or made on behalf of this Company at any time, provided the account is in sufficient funds 10 accommodate the instrument.
3. That if for any reason the Bank authorizes the payment of our cheques, drafts or orders when at the material time the account does not have sufficient funds 10 accommodate the value of such instrument, (and our said account is thereby thrown into debit) we agree that an overdraft position is hereby created. Any sum or sums standing 10 the debit of our account as a result of this overdraft position shall automatically be liable 10 interest charges at the rate Fixed by the Bank from time 10 time. You are authorized to debit the account with your usual bank charges, interest, commission e. t. c.
4. That as regards Cheques, Bills And Promissory Notes expressed 10 be endorsed on behalf of this Company, the Bank be instructed to treat such Cheques, Bills and Promissory Notes as having been duly endorsed on behalf of this Company.
5. That until the bank receives any written notice byway of the Company's resolution 10 the contrary, the Bank be instructed 10 honour signature(s) appearing here under for all purpose on

CORPORATE



the company's count as mandate.

Name

Authorised Signatory Designation

Name

Authorised Signatory Designation

Name

Authorised Signatory Designation

Name

Authorised Signatory Designation

6. We agree to accept as due notification notice of change in conditions governing the account directed to our last known address and to be bound by such change.

7. That the Bank will accept no liability whatsoever for funds handed to members of staff outside banking hours or outside the Bank's premises.

8. That the Bank be furnished with the list of the names of Directors, secretary and other officers of this company and that the Bank be from time to time informed in writing of any changes, which may take place in them.

9. We agree that any disagreement with entries in our Bank Statement will be made by us within 15 days of the receipt of the bank Statement. Failing receipt by the Bank of a notice of disagreement of entries within 15 days from the date of receipt of our bank statement, it will be assumed by the Bank that the Statement as rendered is correct.

10. We agree that the Bank may at its discretion close our account in the event that it is dissatisfied in anyway with the operation thereof

11. We agree that in addition to any other general lien or similar right which you as a Banker may be entitled by law you may at any time and without notice to us combine or consolidate all or any of our accounts with and liabilities to you and set- off or transfer any sum or sums standing to the credit of anyone or more of such Account or any credit be it cash, Cheque, valuable, deposit, securities, negotiable Instrument or other assets belonging to us with you in or toward satisfaction of any of our liabilities to you on other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

CORPORATE



Signed by us, the same having previously been entered in the Minute Book, and signed therein by the Chairman.

Dated this.....day of.....20.....

The common seal of the within named Company.....
Was here unto affixed in the presence of
Company Seal

Chairman / Director

Director /Secretary

CORPORATE



REFERENCE FORM

The Manager,
AFRIBANK NIGERIA PLC.

CAUTION
IT IS NOT ADVISABLE TO INTRODUCE
ANY PERSON NOT WELL KNOWN TO YOU

Name of Company

I/ We wish to confirm that I /We have known the Directors of the above

Named

I/ We would like to comment about their suitability for maintaining a current account with yourselves as follows: -

I/ We maintain a current account with:

Name of Bank:

Address

My/Our Account No

My / Our Phone No. [s]

Yours faithfully,

Signature

Date

Name:

Address:

CORPORATE



REFERENCE FORM

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Name of Bank:

Address

My/Our Account No

My / Our Phone No. [s]

Yours faithfully,

Signature

Date

Name:

Address:

FOR BANK USE ONLY
DOCUMENTS OBTAINED

	Yes	Deferred	Waived
COMPLETED SIGNATURE CARD (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE FORMS (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMO & ARTICLES OF ASSOCIATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPY OF CERTIFICATE OF INCORPORATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPY OF FORM C 07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASSPORT PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS (UTILITY BILLS ETC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CEIRTIFICATE OF COMMENCEMENT OF BUSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEARCH REPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISITATION REPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT CLASSIFICATION INFORMATION

SECTOR CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDUSTRY CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCOUNT OFFICER CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RMG CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNIQUE IDENTIFICATION FEATURE

A). RC NUMBER (FOR CORPORATE BODIES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B). MOTHER'S MAIDEN NAME (FOR INDIVIDUALS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C). DATE OF BIRTH (FOR INDIVIDUALS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTAT1ON CHECKED
CSO

NAME

SIGNATURE

DATE

CORPORATE



DEFERRAL/WAIVER OF DOCUMENTS AUTHORISED BY:

NAME

SIGNATURE

DATE

ACCOUNT OPENING AUTHORISED BY:

NAME

SIGNATURE

DATE