



AFRIBANK

...the efficient and courteous bank

CUSTOMERS IN DIASPORA ACCOUNT OPENING FORM

PERSONAL DETAILS (First applicant)

Title _____ First Name _____ Middle Name _____

Last Name _____ Date of Birth _____ Guardian Name (If applicant is a Minor) _____

Mother's Maiden Name _____

OVERSEAS ADDRESS

Address: _____ City: _____

State: _____ Postal/Zip Code: _____ Country: _____

Tel (Res): _____ Tel (Mobile): _____

Country Code: _____ Area Code: _____

Fax: _____ Tel (Office): _____

Email (In Capital letters) _____

Type of ID

ID Number

Date of Issue

Expiry Date

Place of Issue

OCCUPATION (Please tick where applicable)

Nurse IT Professional Housewife Military Doctor Engineer Diplomat

Others Please Specify

ACCOUNT TYPE (Please Tick where applicable)

Savings Global Current Kiddies Corporate Current Domiciliary Fixed Deposit

OPTIONS

Debit/ATM Card Internet Banking Mobile Banking Investments Stock Broking Joint Signatory

JOINT (NIGERIAN-BASED) SIGNATORY.

Title: _____ First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

Mother's Maiden Name: _____

Address: _____

City: _____ State: _____

Tel (Res) +234: _____ Tel (Mobile) +234: _____

Tel (Office): _____ Fax: _____

Email (In Capital Letters): _____

Type of ID

ID Number

Date of Issue

Expiry Date

Place of Issue

JOINT APPLICANT / GUARDIAN DETAILS (Where applicable)

Title: _____ First Name: _____ Middle Name: _____
 Last Name: _____ Date of Birth: _____ Mother's Maiden Name: _____
 Address: _____
 City: _____ State: _____ Postal/Zip Code: _____ Country: _____
 Country Code: _____
 Tel (Mobile): _____ Occupation: _____
 Fax: _____ Tel (Office): _____
 Email (In Capital letters): _____

Type of ID	_____
ID Number	_____
Date of Issue	_____
Expiry Date	_____
Place of Issue	_____

NEXT OF KIN

Title: _____ First Name: _____ Middle Name: _____
 Last Name: _____ Date of Birth: _____ Relationship with First Applicant: _____
 Address: _____ City: _____
 State: _____ Postal/Zip Code: _____ Country: _____
 Email (In Capital letters) : _____ Tel: _____

NAME OF CLOSEST RELATIVE RESIDENT IN NIGERIA

Title: _____ First Name: _____ Middle Name: _____
 Last Name: _____ Date of Birth: _____ Relationship with First Applicant: _____
 Address: _____
 Address line 2: _____ Postal/Zip Code: _____ Country: _____
 Email (In Capital letters): _____ Tel: _____

STATEMENTS

Send Via Email Send by Post Send only on Request Collect by hand when in town

MY STARTER KIT

Send Via Email Send by Post Collect by hand when in town

DOMICILIARY AGREEMENT (For Domiciliary accounts only)

I/We the undersigned hereby request you to establish in your books an account Current(currency) hereinafter called ('the Account') and to credit thereto such amounts of currency as may from time to time be received by you for the Account. In order to induce you to establish the Account and to maintain it in your books, it is hereby agreed that:

The source of funds which will be used to service the account shall not be proceeds of any prohibited trade or activities and withdrawals from the Account shall be made by the same mode of lodgment (In Foreign Currency) into the account, and/or in Local Currency (subject to my/our signing the Afribank Exchange Risk Indemnity form attached). Any Stamp, transmission or other charges related to withdrawals from the Account will be paid in local currency by the undersigned upon demand or charged to the said Account.

You will be indemnified and have no responsibility for or liability to the undersigned for any diminution due to taxed or imposts or depreciation in the value of funds credited to the account [which funds may be deposited by you in your name and subject to your control with which depository (ies) as you may select] or other similar causes beyond your control.

You may at any time in your discretion discharge yourself entirely of liability with respect to the Account by mailing to the undersigned at the communicated address, your draft in the currency of the Account without recourse to you as a drawer, payable to the order of the undersigned in the amount of the credit balance in the Account less charges, together with such other documents, if any, as may be necessary in your sole discretion, to transfer to the undersigned such claim as you may have such funds.

The operation of this account is subject to the laws and regulations at any time existing in the Republic of Nigeria.

First Signatory: Name _____ Signature _____ Date _____

Second Signatory; Name _____ Signature _____ Date _____

CHEQUE CONFIRMATION FORM (For Current Accounts Only)

It is the policy of Afribank Nigeria Plc to confirm Cheques of N50, 000 and above before payment.

You are therefore required to confirm in writing to Afribank Nigeria Plc, all Cheques of N50,000 and above before such Cheques are presented for payment over the counter and and via clearing.

This policy was adopted to further safe guard your account from fraudulent practices.

Kindly indicate your acceptance of the policy by signing the column that is most appropriate for your type of business.

A. MINIMUM AMOUNT FOR CONFIRMATION N50,00 (ENCASHMENT AND CLEARING)

- Confirmation letter duly signed by authorized signatory (ies)
- Confirmation done on the reverse side of the Cheque
- Confirmation schedule where series of Cheques are issued
- Others (Please Specify)

Authorized Signatory / Date

Authorized Signatory / Date

B. PLEASE INDICATE YOUR PREFERENCE IF YOU ARE NOT IN AGREEMENT WITH THE BANK'S POLICY AS STATED ABOVE

INDEMNITY

I hereby authorize Afribank Nigeria Plc to pay all Cheques duly signed by me / us without further confirmation.

Authorized Signatory / Date

Authorized Signatory / Date

DECLARATION

- I/We understand who a customer in Diaspora is and desire banking services designed for Customers in Diaspora.
- I/We realize that the information provided in this form is the basis for the account.
- I/We pledge that this account will only be used for credible and lawful transactions not involving any violations of provisions of any government.
- I/We have read and understood and hereby agree to be bound by the terms and conditions governing the operations of the account.
- I/We and irrevocably unconditionally authorize Afribank to debit my/our account with an amount equivalent to the fees and charges stipulated and related to this Account
- I/We confirm that the attached photograph(s) are true identities of me/us.
- I/We agree, undertake and authorize also as follows;
 - Afribank or their agents to make references and enquiries relative to the information in this application which Afribank or its agent(s) deem necessary.
 - To inform Afribank regarding changes in my/our residence/employment n or any other information written in this form and provide any further information that Afribank may require from time to time.
 - Afribank to share, exchange or part with all the information relating to my/our account/investment/credit facility details and repayment history to other Afribank Group Companies/Banks/Financial Institutions/Credit Bureaus, Agencies/ Statutory Bodies as may be required and shall not hold Afribank or Afribank Group Companies liable for use of this information.

Photo 1
1st Applicant

Photo 2
*Joint Applicant /
Guardian*

Where applicable

Photo 3
*Joint (Nigerian
Based) Signatory*

Where applicable

Where applicable

Name: _____

Date: _____

Name: _____

Date: _____

Name: _____

Date: _____

SIGNATURE MANDATE (for Joint Accounts). Please state whether it is "EITHER TO SIGN" or "BOTH TO SIGN" or SPECIFY otherwise.

MANDATE : _____

INDEMNITY FORM

Account Number (to be provided by bank):

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Account Name; _____

In consideration of your acceptance of oral instructions or otherwise from me/us over the telephone, fax or implementation of other instructions where transmitted by electronic means or in writing in connection with such facilities as may from time to time form part of the service/services offered by you in accordance with your policy. I/we irrevocably and unconditionally agree and undertake to accept the veracity of any such instructions and your implementation of Services for all purposes whatsoever. I/ We further irrevocably and unconditionally ratify the same and hereby waive any claim against you as a consequence of or in respect of the provision by you of the services, and not to use, or allow any third party to use the services on my/our behalf and/or for any fraudulent or unlawful purpose. I/We confirm that any instructions given by me/us to you using any means may be used as evidence in any court of law or other proceedings of whatsoever nature or in resolving any dispute between us. I/We further irrevocably and unconditionally agree to indemnify and hold you harmless from and against all liabilities, losses, actions, proceedings, claims, costs, damages and expenses which may be incurred or suffered by you, or made against you, as a consequence of, or in respect of, the provision by you of the services. I/We further agree that you may debit any of my/our accounts with you for all costs, charges, expenses or other amounts which you may incur as a consequence of, or in respect of the , the provision of the services. I/We agree that you may ignore, or suspend action on, any instructions received from me/us if you, in your absolute discretion deem it appropriate to do so. I/We further confirm my/our understanding that compliance with such instructions and provision of the services shall be subject to the internal policies of Afribank Nigeria Plc, which may change from time to time and the relevant circulars of the Central Bank of Nigeria.

I/ We confirm that my/our Cheque booklets, ATM Cards/PIN and Internet banking ID and passwords shall be kept confidential. I/We shall be liable for any misuse of the same, agree to indemnify you against all consequences of such misuse. I/We confirm that all information and data contained in this form is accurate and true and there is no undisclosed material information which would affect Afribank's decision to extend any of the Services to me/us

For any cards issued to me/us by Afribank, I/We undertake to immediately inform the Bank in the event of loss or theft of the same. It is understood that I/We shall continue to be liable for all the transactions until receipt of aforesaid intimation by you. I/we further undertake to accept full responsibility for all transactions made by the use of the card, whether or not made with my knowledge or authority, and I/we will accept the banks record of transaction as binding for all purposes.

For the purpose of this indemnity and undertaking, the word Services shall be deemed to include any form of banking service or products that Afribank offers its customers from time to time including any cards. This Indemnity and Undertaking shall be deemed to be an integral part of the account opening form executed by me/us as amended from time to time.

I/We hereby agree with the indemnity and undertaking given, which I/we have read, understood and received a copy of, and confirm that the information supplied is correct to the best of my/our knowledge.

First Signatory: Name _____

Signature _____ Date _____

Second Signatory: Name _____

Signature _____ Date _____

FOR AFRIBANK OFFICE USE ONLY

MODE OF APPLICATION

On-Line

Face to Face

Authorized Agency (which one)

ACCOUNT DETAILS

Account Number: _____

Account Opening Date: _____

Any Waivers?: _____ What Document?: _____

Waiver authorized by whom: _____

Account opening approved by: _____

CHECKLIST FOR COMPLETION OF CID FORMS

- 1) Please use this form only when beginning a new relationship with us.
- 2) Kindly ensure that you affix photographs of each of the signatories, along with their signatures. Please note that you can also enable a family member or a friend in Nigeria operate your account as a " Joint Nigerian Based Signatory"
- 3) Kindly send (preferably via courier) the completed CID account opening forms, including this checklist, along with all the requisite documents listed in the table below to any of the addresses below.

- The Head, CID/FT Unit
 Afribank Nigeria Plc
 5th Floor
 Afribank Plaza
 51/55 Broad Street
 Lagos Island- Nigeria.

- The Head Finance
 ANP International House
 3 Harbourmaster Place
 IFSC, Dublin 1
 Ireland.

- 4) **DO NOT INCLUDE CASH, CHEQUES OR ANY FORM OF MONEY IN YOUR COMPLETED ACCOUNT OPENING PACKAGE. Please note you would have to send a minimum of the initial deposit for you account type via any of our remittance platforms within 7 days of being advised your account number.**

The minimum initial deposits for the accounts are:-

Savings: **N25, 000**
 Global Current: **N50, 000**
 Kiddies: **N20, 000**
 Fixed Deposit: **N100, 000**
 Corporate: **N100, 000**
 Domiciliary: **\$500dollars, £300GBP, and €400Euros**

- 5) The CID account is to be opened at the Afribank Head office branch at Broad street Lagos Island but can be operated from any of our branches nationwide.
- 6) For any assistance or further clarification, or information, please contact us on the following number; **+234-1-2712300 or +2347034084405** or send a mail to Diasporabanking@Afribank.com.

Account Opening Documentation CHECKLIST.

S/N	Required Documents	Please tick if available (For customer only)	For Afribank Office Use Only
1.	Properly Completed CID Account Opening Forms and Indemnity form.		
2.	Passport Photographs (2 copies for each signatory)		
3.	A valid proof of Identification which could be any of the following – Driver’s license abroad, International Passport , Residence permit or work permit (necessary confirm customer’s status)		
4	A Proof of Address (Current Utility bill not exceeding 2 months), Last six months bank statement, or a copy of any letter received within the last 3 months from existing Banker.		
5	Proof of Source of Funds which could be any of the following -- <u>For Employed Individuals</u> : Employer’s reference letter, Letter of Employment, current work ID or most recent pay slip. <u>For Self Employed Individuals</u> : Evidence of Business Registration, Recent Business bank statement, or Banker’s reference.		
6.	Copy of Birth Certificate (For Minors)		
7	Attestation of Passport photographs and Photocopies of Attached documents (3 to 6) by a PUBLIC NOTARY, Nigerian Embassy, Banker or Afribank CID/FT staff. Attesting officer should include Name, Address, Contact phone number and Email Address.		

EXCHANGE RISK INDEMNITY (For domiciliary accounts third currency withdrawals only)

In consideration of your continuing to handle from time to time, my/our transactions involving third currencies:

1. I/We hereby agree and acknowledge that payment in third currency made by me/us in respect of my/our transactions are provisional payments only pending the determination of the cross rate and any shortfall that may arise therefore will be paid by me/us and if not paid you shall be at liberty to pay or remit the reduced currency amount covered by the provisional payment.
2. I/We further agree to indemnify you against any exchange loss arising there from.
3. I/We also acknowledge that neither you nor your agents shall be responsible for any delays in obtaining such third currency from your foreign or local banks or any delays in remitting/paying the same.
4. I/We hereby irrevocably authorize you to debit my/our account with any shortfall incurred together with any claim in respect of such transactions now and in the future.
5. Where the underlying transaction is expressed in a third currency, I/We understand that the payment to the beneficiary will be made only on receipt by the Bank of funds in such currency from another bank or from its stock at the rate of exchange ruling or negotiated on the date of payment.
6. If no account is maintained in my/our name in your books. I/We undertake to reimburse you for any differences or extra charges, which may accrue.

DATED THIS;

Name: Name:

Address: Address:

Occupation: Occupation:

Authorized Signature: Authorized Signature: