

# Account Opening Form (Corporate)

## Checklist (Bank use only)

	Checked Deferred Waived	N/A			Checked	Deferred	Waived	N/A
1.	Duly completed Account Opening Form		11.	Search Report			17	R
2.	Duly completed Specimen Signature card		12.	Resident Permit or Work Permit (for non-Nigerian)		Ē		36
3.	Copy of CAC Certificate of Registration		13.	Two (2) satisfactory completed Reference Form		ÌĒ	Æ	ĴĆ
4.	Board Resolution		14.	Utility Bill/Proof of Company Address	$\square$	16	M	)))
5.	Copy of Memorandum and Article of Association		15.	Evidence of registration with SCUML (where applicable)		ĨŹ	E	Ē
6.	Form CO7 Particulars of Directors (Certifed True Copy)		16.	Evidence of registration with NIPC (where applicable)	Ŷ		ł	76
7.	Form CO2 Allotment of Shares (Certifed True Copy)		17.	Proof of identity of all Signatories and Directors			17	12
8.	Form CAC 1.1 (Certifed True Copy)		18.	Power of Attorney/Mandate letter (where applicable)		È	Ē	Ť
9.	Two (2) passport-sized photographs of each Signatory		19.	Letter of Indemnity		Æ	E	Ì
10.	Introduction letter (where applicable)	#770	20.	Partnership Deed		E	Ъ	ŤΛΓ

# **ACCOUNT OPENING FORM - CORPORATE**

This form should be completed in CAPITAL

NING FORM - CORPORATE	æ	Globus	Bank
LETTERS. Characters and marks should be similar in style to the following (ABCM)			
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Date of Birth

	country code area code	
Telephone (Mobile)	+	
Email Address		
Residential Address		
2 Accounts h	eld with other Banks	
S/N	Name of Bank	Account Number Account Status (Active/Dormant)
1		
2		
3		
3 Authorised	Signatory(ies)/Partners, Shareholder	s and/or Directors details
Authorised Signatory	Director Details	// \$\$100 E // \$\$100 E // \$\$100 E
Full Name		Signatory Director (Tick 🖌 as appropriate)
Date of Birth		Gender Male Female
Nationality		ID Type National ID Passport Voter's Card Driver's License
Bank Verification No.		ID No.
Job Title		ID Expiry Date
Mother's Maiden Nan		Occupation
Local Government Ar	ea country code area code	State of Origin
Telephone (Mobile)	+ ELE	
Email Address		
Residential Address		
Resident Permit No (for non-Nigerians) :		
Permit Issue Date		Permit Expiry Date
	Specimen Signature (For Signato	ry only)
Affix		
Passport Photograph		/// \$\$\$\$\$\$\$\$E2777 \$\$\$\$\$\$\$\$E2777 \$\$\$\$\$\$\$\$
Here		

# Authorised Signatory/Director Details 2

	Full Name		Signatory	Director 🗌 (Tick 🗹 as appropriate)
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				EZUBNE

Date of Birth	Gender		•	
Nationality	ID Туре	National ID Passpo	ort 🗌 Voter's Card	Driver's License
Bank Verification No.		ID No.		
Job Title	ID Expiry D	ate P M M	Y W X Y	
Mother's Maiden Name	Occupation			
Local Government Area	State of Or	gin		
Telephone (Mobile) +	code			
Email Address				
Residential Address				
Resident Permit No (for non-Nigerians) :	EN EZDE			
Permit Issue Date	Permit Exp	ry Date D D M M	Y	
Specimen Signature	e (For Signatory only)			
Affix Passport				
Photograph Here		Date		

4	Account Operating Mandate	•			
S/N	Name of Signatory	Assign Authority Level (e.g. A, B, C)	Define Mandate (Single and/or Joint)	Assign Authorising Limit (Single)	Assign Authorising Limit (Joint)
1					
2					Specify
3					in Special Instructions space
4					below
5					
pecia	al Instructions {define joint authoris				
- A					
Pre-o	confirmation amount				
loseo	also state the amount if you would like to have	ve specific amount for pre-confirmati	ion other than the amount set by	the bank from time to time in t	he special instruction boy ab

Yes No Yes No   *Cheque Book Image: State in the stat	5	Please Cons	ider Thes	se Valuat	ole S	ervices					
	*Che	eque Book	Yes	No		**Globus Direct	Yes	No	***E-Statements	Yes	No

\*Cheque(s) above a certain amount (as determined by the Bank) may require confirmation.

\*\*Globus Direct is our online Banking Solution for businesses. Please complete the Globus Direct authorization form, for our online banking solution. \*\*\*Statements of your account will be sent to you by email or can be downloaded from our online banking platform.

## **Globus Direct Application Form**

6 Compan	y Profile
Company Name Registered business nam	
Mailing Address Token(s) will be sent to	
this address	

B Globus Bank

Primary Contact and Other Users								
Full Name	Mobile Number	E-mail Address	Profile Type#	User Login ID^		ng Limit		
			туре#		Currency	Amount		
User 1 (Primary Contact)			1/5					
User 2								
User 3								

<sup>^</sup> User to indicate their preferred User Login ID. Min 3 & Max 10 alphanumeric with no spacing between characters. # Select one from the following profile types for each user:

## 6A Globus Direct Authorisation Matrix

Number of approvers required to complete a transaction	1 Checker	1 Approver
Maximum transaction amount will be the lowest signing limit amongst the approvers	2 Checkers	2 Approvers
	3 Checkers	3 Approvers
Can users approve self-initiated transactions? If only 1 user access is created, the default setting is 'Yes"	Yes	No

## 6B Signatories

I/We hereby acknowledge and agree that Globus Direct will be provided by Globus Bank Limited (the "Bank") in accordance with and subject to the prevailing terms and conditions of this service as set out in the Bank's prevailing Standard Terms which are to be read together with the Bank's prevailing Account Terms. The Standard Terms may be amended at the Bank's sole discretion from time to time, and Globus Direct is, and will continue to be made available at the Bank's sole discretion. Copies of the Standard Terms are available at any branch of the Bank or on the Bank's website at www.globusbank.com.

For an	d on behalf of	
	Authorised Signatory	Authorised Signatory
Name:		Name:
Date:		Date:
6C	For Bank Use Only	

Customer ID	Group ID		
		SV	

#### General Terms and Conditions

- 1. I/we hereby authorise you to open an account in my/our name and authorise all cheques or other orders which may be presented with respect to the account provided that same is issued in accordance with our mandate card and there are sufficient funds in the account.
- 2. I/we hereby agree that we shall bear full liability and/or consequence with respect to the issuance of any cheque without sufficient funds in our account.
- 3. I/we hereby state that any request made to the Bank by way of any application for a credit facility(ies) shall be signed by our authorized signatories.

4. I/we hereby agree that the bank is entitled at anytime without notice to us, to combine or consolidate all or any of our accounts or a related account and set off any sum therein for the purpose of satisfaction of any our liabilities to the Bank.

- 5. I/we hereby agree that the bank shall bear no liability for any funds handed to a staff of the Bank outside the Bank's premises or outside banking hours except agreed by the bank in writing and the bank shall be fully indemnified against any loss, claim, damage or action that may originate therefrom.
- 6. I/we hereby agree that the bank may close our account(s), where there is a suspicious inflow into our account, for security reasons or where there is any fraud in relation thereto.
- I/we hereby authorise and grant consent to the Bank to carryout the necessary checks on our company at the various bureaus and reference agencies and also share with such agencies our information. The Bank is discharged from any form of liability or damages made against the Bank by virtue of us granting this consent.
- 8. I/we authorise the Bank to debit our account with the applicable charges for legal search conducted on our account at the Corporate Affairs Commission or the relevant agency/authority.
- 9. I/we agree that we shall not release cash or issue cheque in favour of any staff of the Bank, or transfer money into his/her account and in the event of such, the bank is fully indemnified against all loss, claim, action, damages, request which may arise therefrom.
- 10. I/we agree that the Bank will not be legally responsible where our username and password and/or log in details for any of the banks products known only to us is accurately provided by any other person apart from us for any transactions where it reasonably contains sufficient information that same emanated from us.
- 11. I/we agree that the Bank may debit the account with the usual banking charges, interests and fees as may be determined from time to time.
- 12. I/we hereby indemnify the Bank against any loss, damages, claim that may be occasioned on the account by reason of any falsehood or inaccuracy of any statement or information or misrepresentation made to the Bank.
- 13 I/we hereby authorise the Bank to debit our account for any malicious or frivolous claim, suit, garnishee/mareva order brought against the Bank in relation to our account wherein the Bank had to seek for legal representation.

By signing this document you have agreed to the general, electronic banking and general data protection regulation (GDPR) terms and conditions for account opening contained on our website. www.globusbank.com

Authorised Signatory Name & Designation	Signature	Date
Authorised Signatory Name & Designation	Signature	Date
Authorised Signatory Name & Designation	Signature	Date

#### 8 For Bank Use only

A. To be filled by sa	les/branch staff			
Staff Name		Staff ID		
Branch Manager's Name		Branch Manager's Signature		
RM/GH Name		RM/GH Signature		
Address Verification	Yes No			
B. To be filled by bra	anch			
Currency	Account Number(s)	Currency	Account Number(s)	
Branch Code		ISIC Code (4 digit) —		
Team Code		ISIC Code (6 digit)		
Product Code				
C. To be filled by Co	mpliance			
Risk Profile: Low	Medium High	Risk Justification		
Name		Sign & Date	1 <b>E</b> 2777 <b>E</b> 1888 E 2	



## **Reference form**

The Manager

## **Globus Bank Limited**

Name of Applicant(s)

#### Dear Sir/Madam,

I/We wish to introduce the above named person who desires to open a Current Account with you.I/We have known the above named person for\_\_\_\_\_ (Period) and I/We: (Referee to comment).

I/We maintain a current account with

Name of Bank: \_\_\_\_\_

Address:

Account(s) Name: \_\_\_\_

Account No(s) is/are:

Yours faithfully,

Signature \_\_\_\_\_\_ Date \_\_\_\_\_\_ Name \_\_\_\_\_\_ Address \_\_\_\_\_\_



## **Reference form**

The Manager

#### **Globus Bank Limited**

Name of Applicant(s)

Dear Sir/Madam,

I/We wish to introduce the above named person who desires to open a Current Account with you.I/We have known the above named person for\_\_\_\_\_ (Period) and I/We: (Referee to comment).

I/We maintain a current account with

Name of Bank:

Address:

Account(s) Name:

Account No(s) is/are:

Yours faithfully,

Signature

Date \_\_\_\_

Name

Address

Telephone Number

Telephone Number

