

Account Opening Form (Corporate)

Checklist (Bank use only)

		Checked	Deferred	Waived	N/A			Checked	Deferred	Waived	N/A
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Duly completed Specimen Signature card	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	Resident Permit or Work Permit (for non-Nigerian)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Copy of CAC Certificate of Registration (Certified True Copy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	Two (2) satisfactory completed Reference Form	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Board Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	Utility Bill/Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Copy of Memorandum and Article of Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	Evidence of registration with SCUML (where applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Form CO7 Particulars of Directors (Certified True Copy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	Evidence of registration with NIPC (where applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Form CO2 Allotment of Shares (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Proof of identity of all Signatories and Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Form CAC 1.1 (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18.	Power of Attorney/Mandate letter (where applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Two (2) passport-sized photographs of each Signatory (Full names written on the reverse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	Letter of Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Introduction letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.	Partnership Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ACCOUNT OPENING FORM - CORPORATE

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (A|B|C|✓)

1 Business Particulars

Name

Type of Entity Sole Proprietorship Partnership Private Limited
 Public Limited Foundation/NGO Other _____

Nature of Business

Date of Incorporation

D	D	M	M	Y	Y	Y	Y
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 Place of Incorporation _____

Tax Identification No (TIN). _____ RC/Business Number (Entity No) _____

Estimated Annual Turnover _____ SCUML Registration No.

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Is Your Entity a member or affiliate of another entity Yes No If Yes, Name Of Entity _____

Type of Affiliation Parent Company Associate Company Subsidiary Company

CRM No/Borrower's Code (Where applicable)

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1A Which Account(s) Would You Like To Open?

Account Type

<input type="checkbox"/> Current Account	<input type="checkbox"/> NGN	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Fixed deposit Account	<input type="checkbox"/> NGN	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Domiciliary Account	<input type="checkbox"/> NGN	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Others _____	<input type="checkbox"/> NGN	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> Other	_____

Please Specify

1B Contact Details

Telephone (Mobile) +

country code		area code																		
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Telephone (Office) +




country code		area code																		
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Email Address

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Office Address

Operating Address (if different from above)

Social Media Handles  _____  _____  _____

 _____

1C Details of Next of Kin for the Sole Proprietor Only

Full Name

Relationship _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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 Gender Male Female

Telephone (Mobile) + country code area code

Email Address

Residential Address

2 Accounts held with other Banks

S/N	Name of Bank	Account Number	Account Status (Active/Dormant)
1			
2			
3			
4			

3 Authorised Signatory(ies)/Partners, Shareholders and/or Directors details

Authorised Signatory/Director Details

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 Name Occupation

Local Government Area State of Origin

Telephone (Mobile) + country code area code

Email Address

Residential Address

Resident Permit No (for non-Nigerians) :

Permit Issue Date Permit Expiry Date

Specimen Signature (For Signatory only)

Affix
Passport
Photograph
Here

Date

Authorised Signatory/Director Details 2

Full Name Signatory Director (Tick as appropriate)

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.
7. 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

A. To be filled by sales/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 branch

Currency

Account Number(s)

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Currency

Account Number(s)

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Branch Code _____

ISIC Code (4 digit) _____

Team Code _____

ISIC Code (6 digit) _____

Product Code _____

C. To be filled by Compliance

Risk Profile: Low Medium High

Risk Justification _____

Name _____

Sign & Date _____

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 _____

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 _____



Globus Bank

www.globusbank.com



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