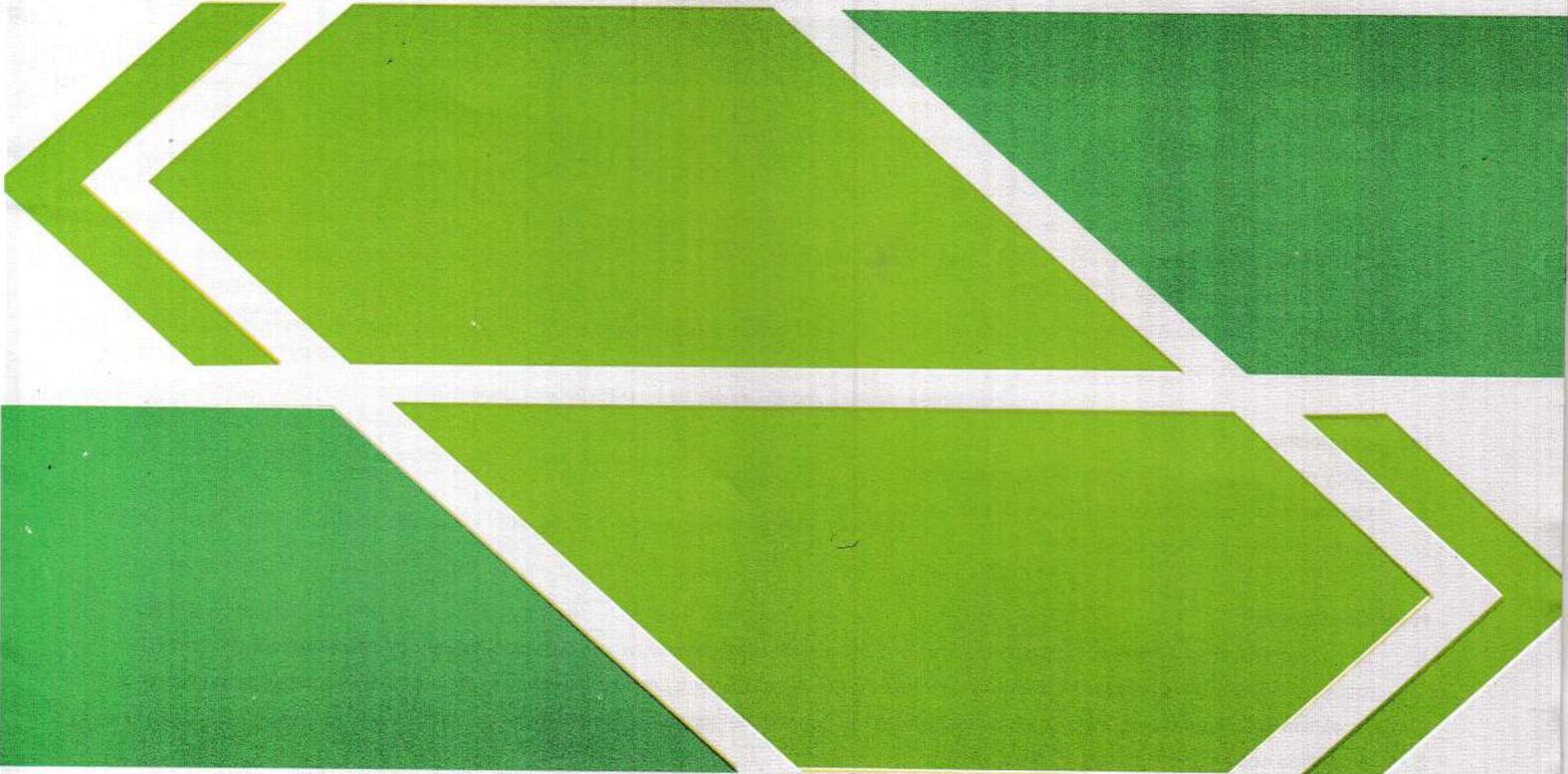




COOPERATIVE MORTGAGE BANK
RC210930

CORPORATE ACCOUNT



ACCOUNT OPENING REQUIREMENTS FOR CORPORATE ACCOUNT

Basic Requirements

1. Two Reference form each duly completed by a corporate body maintaining a current account with a bank in Nigeria (For sole proprietors two reference forms from an individual maintaining a current account with the bank in Nigeria would be acceptable). Your account will be opened faster if the referees maintain account with any branch of access bank plc.
2. Resident permit (Non-Nigerians)
3. Proof of residence: (recent utility bill)
4. Two passport photograph of each signatory to the account (with full face forward)
5. Indemnity to operate the account pending the receipt of the search report
6. Identification document for signatories & directors to the account. E.g driver's license. International passport, Staff identity card, national identity card.

Additional requirements for special accounts

Corporate Account

1. Copies of certificate of incorporation of your company
2. Copies of memorandum of articles of associate of your company
3. Copies of form CO7 (Particular of directions) and form CO2 (return of allotment share)
4. Certificate of Exemptions of using "Limited" after name where applicable
5. Evidence of tax identification number (TIN)
6. Mandate and resolution in this package is to be signed by two directors or director and company secretary with the company seal (with evidence of due appointment).

Sole Proprietorship

1. Copy of certificate of registration of a Business name
2. Certified true copy of Application form for the business name
3. Partnership deed (where applicable)

Public Organization

1. Letter from Governor/Minister/ commissioner/Director General/Sole Administrator (wherever is applicable) authorizing the opening of the account and listing the names of authorized signatories to the account. OR a certified true copy of the Board of Directors/Executive council resolution authorized the opening of this account listing the name of authorized signatories to the account
2. A certified copy of the enabling Act/Decree
3. Financial regulation governing the administration of the establishment (where applicable)

Unincorporated societies/ Club association account

1. A copy each of constitution, Rules and regulations of the association etc;
2. Senior Head of the Organization's Title and personal I.D. i.e National driver's license/ International Passport
3. Certified true copy of certificate of Registration
4. Resolution of the governing organ of the society, clubs and association.

(INCORPORATED AND NON-INCORPORATED)

(Please indicate the business category and type of account to open by ticking the applicable box below)

CATEGORY OF ACCOUNT: Limited Liability Company Partnership Sole Proprietorship MDA's Schools Others

ACCOUNT TYPE: Current Account Fixed Deposit Account Domiciliary Account

\$	€	¥	£	Others
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This form should be completed in **CAPITAL LETTERS**. Characters and marks should be similar in style to the following: A B C ✓

BRANCH

BVN

ACCOUNT NUMBER
(For Official Use ONLY)

COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

COMPANY/BUSINESS NAME

CERTIFICATE OF INCORPORATION/REGISTRATION NUMBER

DATE OF INCORPORATION/REGISTRATION

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 JURISDICTION OF INCORPORATION/REGISTRATION

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

TYPE/NATURE OF BUSINESS

SECTOR/INDUSTRY

OPERATING BUSINESS ADDRESS 1:

OPERATING BUSINESS ADDRESS 2:

CORPORATE BUSINESS ADDRESS/ REGISTERED OFFICE (if different from above)

EMAIL ADDRESS

WEBSITE (if any)

PHONE NUMBER (1) PHONE NUMBER (2)

TAX IDENTIFICATION NUMBER (TIN)

CRM NUMBER/BORROWER'S CODE (Where applicable)

SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG. NO:

ANNUAL TURNOVER

- (a) Less Than ₦50 Million - Less than ₦500 Million ₦500 Million - Less than ₦5 Billion Above ₦25 Billion
- (b) Is Your Company Quoted on any Stock Exchange? Yes No
- (c) If answer to question (b) is yes, indicate which Stock Exchange and Stock Symbol: _____

ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

CARD PREFERENCES: Verve Card Master Card Visa Card Others (Specify)

ELECTRONIC BANKING PREFERENCES: Internet Banking Mobile Banking ATM/POS Other Electronic Channels (Fees May Apply) Specify

TRANSACTION ALERT PREFERENCES: Email Alert (Free) SMS Alert (Fee Applies)

STATEMENT PREFERENCES: Email Post Collection at Branch

STATEMENT FREQUENCY: Monthly Quarterly Semi-Annually Annually

CHEQUE BOOK REQUISITION: (Fees Applies) Opened Cheque Crossed Cheque 25 Leaves 50 Leaves 100 Leaves

CHEQUE CONFIRMATION: Will you like to pre-confirm your cheques? Yes No

Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

CHEQUE CONFIRMATION THRESHOLD

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e. threshold above NXXXXXXXXX)

*In line with extant law and existing regulation

ACCOUNT SIGNATORY'S DETAILS

(1) SURNAME OTHER NAME
 FIRST NAME MOTHER'S MAIDEN NAME
 DATE OF BIRTH GENDER NATIONALITY (For Non Nigerians)
 MEANS OF IDENTIFICATION ID NUMBER
 ID ISSUE DATE ID EXPIRY DATE
 BIOMETRIC ID NO
 OCCUPATION STATUS/JOB TITLE
 POSITION/OFFICE OF THE OFFICER
 RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 NEAREST BUS STOP/LANDMARK
 CITY/TOWN LOCAL GOVERNMENT AREA
 STATE
 PHONE NUMBER (1) PHONE NUMBER (2)
 EMAIL ADDRESS
 CLASS OF SIGNATORY A B AB Others (please specify)
 (Please indicate class in the box provided) Signature: _____ DATE

ACCOUNT SIGNATORY'S DETAILS

(2) SURNAME OTHER NAME
 FIRST NAME MOTHER'S MAIDEN NAME
 DATE OF BIRTH GENDER NATIONALITY (For Non Nigerians)
 MEANS OF IDENTIFICATION ID NUMBER
 ID ISSUE DATE ID EXPIRY DATE
 BIOMETRIC ID NO
 OCCUPATION STATUS/JOB TITLE
 POSITION/OFFICE OF THE OFFICER
 RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 NEAREST BUS STOP/LANDMARK
 CITY/TOWN LOCAL GOVERNMENT AREA
 STATE
 PHONE NUMBER (1) PHONE NUMBER (2)
 EMAIL ADDRESS
 CLASS OF SIGNATORY A B AB Others (please specify)
 (Please indicate class in the box provided) Signature: _____ DATE

ACCOUNT SIGNATORY'S DETAILS

(3) SURNAME OTHER NAME
 FIRST NAME MOTHER'S MAIDEN NAME
 DATE OF BIRTH GENDER NATIONALITY (For Non Nigerians)
 MEANS OF IDENTIFICATION ID NUMBER
 ID ISSUE DATE ID EXPIRY DATE
 BIOMETRIC ID NO
 OCCUPATION STATUS/JOB TITLE
 POSITION/OFFICE OF THE OFFICER
 RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 NEAREST BUS STOP/LANDMARK
 CITY/TOWN LOCAL GOVERNMENT AREA
 STATE
 PHONE NUMBER (1) PHONE NUMBER (2)
 EMAIL ADDRESS
 CLASS OF SIGNATORY A B AB Others (please specify)
 (Please indicate class in the box provided) Signature: _____ DATE

DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER (A)

(2) SURNAME OTHER NAME
 FIRST NAME MOTHER'S MAIDEN NAME
 DATE OF BIRTH GENDER NATIONALITY (For Non Nigerians)
 MEANS OF IDENTIFICATION ID NUMBER
 ID ISSUE DATE ID EXPIRY DATE
 BIOMETRIC ID NO
 OCCUPATION STATUS/JOB TITLE
 RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 NEAREST BUS STOP/LANDMARK
 CITY/TOWN
 LOCAL GOVERNMENT AREA
 STATE
 PHONE NUMBER (1) PHONE NUMBER (2)
 EMAIL ADDRESS

DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER (B)

(2) SURNAME													OTHER NAME												
FIRST NAME													MOTHER'S MAIDEN NAME												
DATE OF BIRTH	D D M M Y Y Y Y						GENDER	M	F	NATIONALITY (For Non Nigerians)															
MEANS OF IDENTIFICATION													ID NUMBER												
ID ISSUE DATE	D D M M Y Y Y Y						ID EXPIRY DATE	D D M M Y Y Y Y																	
BIOMETRIC ID NO																									
OCCUPATION													STATUS/JOB TITLE												
STATUS/JOB TITLE																									
RESIDENTIAL ADDRESS																									
HOUSE NUMBER							STREET NAME																		
NEAREST BUS STOP/LANDMARK																									
CITY/TOWN																									
LOCAL GOVERNMENT AREA																									
STATE																									
PHONE NUMBER (1)							PHONE NUMBER (2)																		
EMAIL ADDRESS																									

DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER (C)

(2) SURNAME													OTHER NAME												
FIRST NAME													MOTHER'S MAIDEN NAME												
DATE OF BIRTH	D D M M Y Y Y Y						GENDER	M	F	NATIONALITY (For Non Nigerians)															
MEANS OF IDENTIFICATION													ID NUMBER												
ID ISSUE DATE	D D M M Y Y Y Y						ID EXPIRY DATE	D D M M Y Y Y Y																	
BIOMETRIC ID NO																									
OCCUPATION													STATUS/JOB TITLE												
STATUS/JOB TITLE																									
RESIDENTIAL ADDRESS																									
HOUSE NUMBER							STREET NAME																		
NEAREST BUS STOP/LANDMARK																									
CITY/TOWN																									
LOCAL GOVERNMENT AREA																									
STATE																									
PHONE NUMBER (1)							PHONE NUMBER (2)																		
EMAIL ADDRESS																									

DETAILS OF A SOLE PROPRIETOR PERSONAL INFORMATION

TITLE SURNAME

FIRST NAME OTHER NAME

DATE OF BIRTH GENDER MARRIED PLACE OF BIRTH

MOTHER'S MAIDEN NAME

NATIONALITY (For Non Nigerian)

RESIDENT PERMIT NUMBER PERMIT ISSUE DATE PERMIT EXPIRY DATE

LOCAL GOVT. AREA RELIGION

TAX IDENTIFICATION NUMBER (TIN)

CONTACT DETAILS

BUSINESS/RESIDENTIAL ADDRESS

HOUSE NUMBER STREET NAME

NEAREST BUS STOP/LANDMARK

CITY/TOWN L.G.A.

STATE COUNTRY

PHONE NUMBER (1) PHONE NUMBER (2)

EMAIL ADDRESS

VALID MEANS OF IDENTIFICATION

NATIONAL ID CARD NATIONAL DRIVER'S LICENSE INTERNATIONAL PASSPORT INEC VOTERS CARD OTHERS (Please Specify)

ID No. ID Issue Date ID Expiry Date

BIOMETRIC ID NUMBER

DETAILS OF NEXT OF KIN

SURNAME OTHER NAMES

FIRST NAME DATE OF BIRTH GENDER TITLE (Please Specify)

RELATIONSHIP

PHONE NUMBER (1) PHONE NUMBER (2)

EMAIL ADDRESS

CONTACT DETAILS

HOUSE NUMBER STREET NAME

NEAREST BUS STOP/LANDMARK

CITY/TOWN L.G.A.

STATE COUNTRY

ADDITIONAL DETAILS

(1) NAME OF AFFILIATED COMPANY BODY: 1.

2.

3.

(2) PARENT COMPANY'S COUNTRY OF INCORPORATION

DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE PROPRIETORSHIP

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
<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"/>

SIGNATORIES

2 NAME _____
 SURNAME _____
 FIRST NAME _____
 OTHER NAME _____
 CLASS OF SIGNATORY _____
 IDENTIFICATION TYPE _____
 IDENTIFICATION NUMBER _____
 TELEPHONE NUMBER _____
 SIGNATURE & DATE _____



FOR BANK USE ONLY

 Name Signature

FOR BANK USE ONLY

 Name Signature

3 NAME _____
 SURNAME _____
 FIRST NAME _____
 OTHER NAME _____
 CLASS OF SIGNATORY _____
 IDENTIFICATION TYPE _____
 IDENTIFICATION NUMBER _____
 TELEPHONE NUMBER _____
 SIGNATURE & DATE _____



FOR BANK USE ONLY

 Name Signature

FOR BANK USE ONLY

 Name Signature

NOTE: FINANCIAL INSTITUTIONS CAN PROVIDE MORE SPACE IF THE NUMBER OF SIGNATORIES IS MORE THAN SPACES PROVIDED

TERMS AND CONDITION

I/We hereby agree to indemnify Coop Mortgage Bank in full against any action, claim, proceeding loss, expense or damages.

DECLARATION

CUSTOMER INFORMATION

I/We hereby apply for the opening of any account or accounts with Cooperative Mortgage Bank Plc. I/We understand that the information given herein is the basis for opening such account(s) and hereby warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

**In Witness whereof, the common seal of _____ (Name of Company) is hereby affixed this _____ day of _____ 20____

In presence of:

 DIRECTOR (NAME AND SIGNATURE)

 DIRECTOR/SECRETARY (NAME AND SIGNATURE)

FOR BANK USE ONLY

REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Account Opening Form duly completed				
2	Specimen signature card duly completed				
3	Copy of CAC Certificate of Registration				
4	Board Resolution				
5	Copy of Memorandum and Article of Association (Certified as true copy by the Registrar of Companies)				
6	(a) Form C07 Particulars of Directors (Certified true copies by the Registrar of Companies and a certificate by a Notary Public for Foreign Companies)				
7	(a) Form C02 Allotment of Shares (Certified true copies by the Registrar of Companies and a certificate by a Notary Public for Foreign Companies)				
8	Partnership Deed (where applicable)				
9	Approval Letter (for Government Agency)				
10	Act/Gazette (for Government Agency) (where applicable)				
11	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
12	Introduction Letter (where applicable)				
13	Status Report from Banker (where applicable)				
14	Resident Permit (for non-Nigerians)				
15	Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable)				
16	Evidence of Registration with Special Control Unit of Money Laundering (SCUML) (where applicable)				
17	Search Report				
18	Power of Attorney (where applicable)				
19	Letter of indemnity				
20	Proof of Company Address				
21	Business Premises Visitation Certificate				
22	Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (Preferred identity card are International Passport, National Identity Card, National Driver's License and Valid Nigerian INEC Voter's Card)				
23	Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document utility bill (certified true copy is acceptable if original is not held)				
24	Two Completed satisfactorily reference forms				
25	Copy of the audited financial statements				
26	Others (Please Specify)				
27	W-8, BEN-E, W-9				

ACCOUNT OPENED BY:

CUSTOMER SERVICE OFFICER

Signature: _____ DATE

BSM

Signature: _____ DATE

DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:

NAME

Signature: _____ DATE

NAME

Signature: _____ DATE

ADDRESS VERIFICATION CARRIED OUT BY:

NAME

Signature: _____ DATE

NAME

Signature: _____ DATE

COMMENT(S)(Address description and result ending):

ACCOUNT OPENING AUTHORIZED/APPROVED BY:

NAME

Signature: _____ DATE

NAME

Signature: _____ DATE

TERMS AND CONDITIONS

I/WE (THE CUSTOMER) HEREBY REQUEST AND AUTHORIZE YOU TO

1. Assume full responsibility for the genuineness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments, receipts and other documents relating to the account.
2. To free the Bank from any responsibility or liability for any loss or damage to funds deposited with the Bank due to any future Government order, law, levy, tax, embargo, or such other causes beyond the Bank's control.
3. That all funds standing to my credit are payable only in such local currency or otherwise as maybe in circulation.
4. To be bound by any notification of change in condition governing the account(s) or information relating thereof directed to my last known address and any mail sent to my last known address shall be considered to be duly delivered and received by me at the time it would be delivered.
5. That the Bank will accept no responsibility or liability whatsoever for funds handed to members of staff outside banking hours or outside the Bank's premises.
6. That the Bank statement(s) on my account(s) shall be sent to the e-mail address indicated overleaf. Any disagreement with the entries the Bank State(s) shall be made by me in writing and delivered to the Bank within 15 days of print date indicated therein, failing which the Bank shall consider the statement rendered to be correct.
7. That interest will be paid on deposits in my savings account(s) at the Bank's ruling rates and subject to prevailing market conditions.
8. That cheque cannot be paid into my savings account and that fund(s) can only be withdrawn from my savings account by me in person.
9. That any change in my particular indicated overleaf shall immediately be communicated to Cooperative Mortgage Bank at the branch where the account was opened/any nearest branch of the bank.
10. Not to use the account(s) as a medium/media to convert funds belonging to other person(s).
11. To honour all cheques or orders which may be drawn on my/our current account, provided such cheques or orders are duly signed by me/us.
12. That if a cheque drawn on my/our account (s) is returned dishonoured, the rules and regulations put in place by the Central Bank of Nigeria (CBN) regarding dud cheque from time to time will be applicable without further recourse to me/us.
13. E-Banking Services: Before the bank can avail you e-banking services, you must have any or a combination of the following:
 - (a) An account with the bank.
 - (b) A passcode, access code, username, password or token authenticators.
 - (c) A Personal Identification Number (PIN).
 - (d) An E-mail Address
 - (e) GSM Number
 - (f) Bank Verification Number (BVN)
14. I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law, you may at any time without notice to me/us combine or consolidate all or any of my/our accounts without any liabilities to you and set off or transfer any sum or sum standing to the credit of anyone or more of such accounts or any other credits, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect whether such liabilities be actual or contingents, primary or collateral and joint or several.
15. ACCOUNT CLOSURE:
 - (a) This agreement will continue until you or the bank cancels or end it.
 - (b) The bank reserves the right to close the account and to end this agreement if the bank deems it fit.
 - (c) We may choose not to close the account based request and to end this agreement until you have returned any unused cheque and all amounts owed on the account are repaid.
 - (d) The bank shall consider an account to be dormant if no activity other than interests and charges have taken place on it for consecutive period of 6 months. To reopen same, you must submit fresh means of identification and fulfil "Know Your Customer (KYC)" requirements.
16. SET OFF:
 - (a) If any account(s) you hold with us is/are in credit, the bank may exercise the right to defray any amount owed on other accounts or facilities guaranteed by you.
 - (b) Where any of you also has an account with us in your sole name, and that account has a credit balance, we can set-off these monies against any money owing to us on the joint account even if the accounts are in different currencies.

I/We have read and understood the Cooperative Mortgage Bank account opening terms and conditions state above. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the bank may debit my/our account for the service charges as applicable from time to time.

SIGNATURE



DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DECLARATION

I/We _____ hereby apply for the opening of account(s) with Cooperative Mortgage Bank. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

1. Name: _____ Signature: _____ Date: _____
2. Name: _____ Signature: _____ Date: _____

