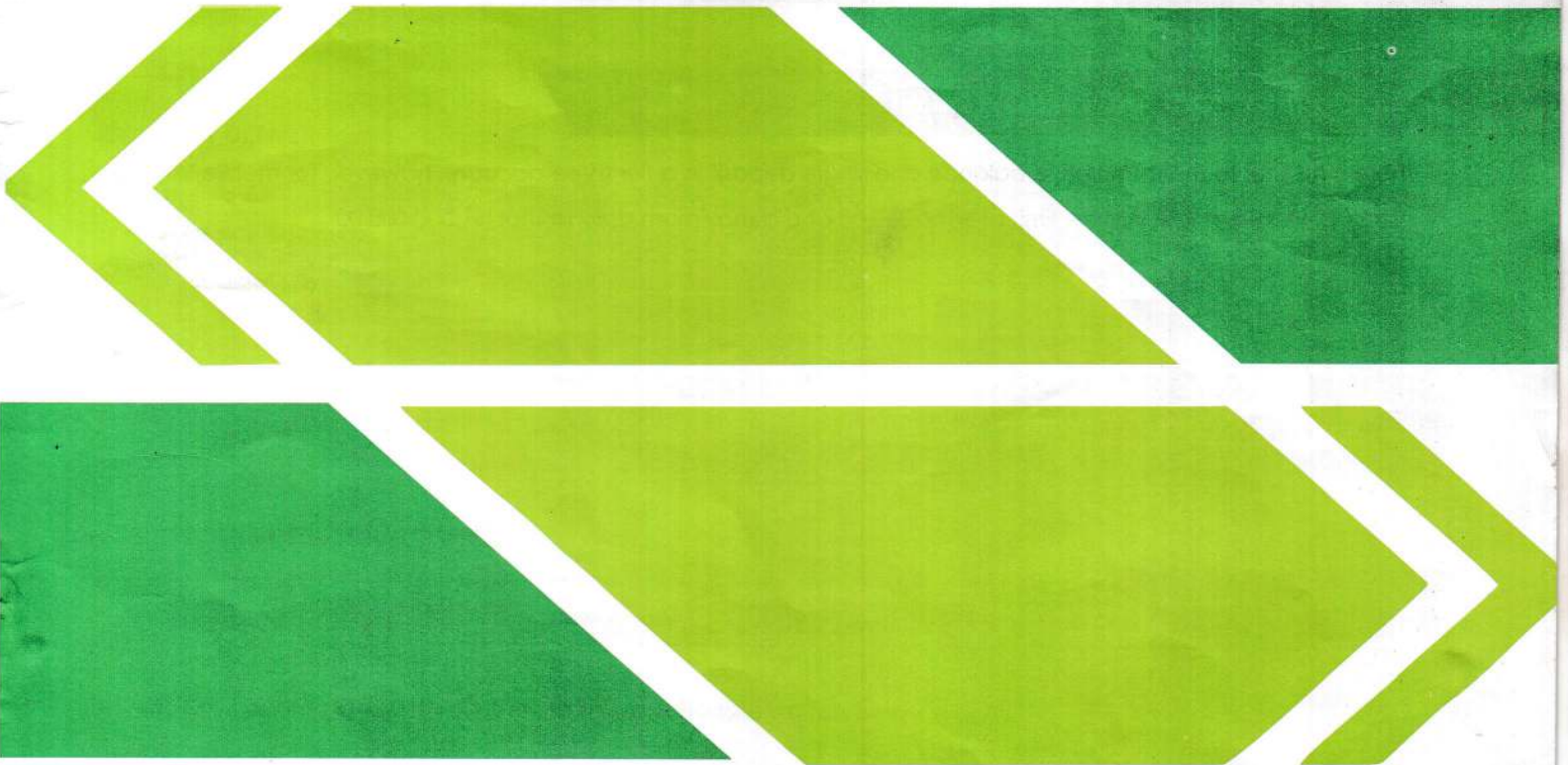




COOPERATIVE MORTGAGE BANK
RC210930

CURRENT ACCOUNT





COOPERATIVE MORTGAGE BANK
RC210930

ACCOUNT OPENING REQUIREMENTS FOR CURRENT ACCOUNT

DOCUMENTATION AND REQUIREMENTS

Accounts under tier three can be savings or current account, basically the following documents are required to run a tier three account in Nigeria:

1. A valid primary ID card
2. A valid means of address verification
3. Full details of source(s) of funding the account
4. Reference letter
5. One passport photograph
6. Duly filled account opening and mandate form

ACCOUNT THRESHOLD AND TURNOVER LIMIT

There is no limit to the cumulative balance and single deposit in a tier three account, however, for mobile/internet banking, there is single transfer limit of ₦100,000.00 and a maximum daily limit of ₦1,000,000.00

CATEGORY OF ACCOUNT: (Tick as appropriate) Joint Account Fixed Investment Account Other Types of Account

ACCOUNT TYPE: (Tick as appropriate) Fixed Deposit Account Savings Account Domiciliary Account

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

BRANCH BANK VERIFICATION ID
 ACCOUNT NUMBER (For Official Use ONLY)



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 NO. PERMIT ISSUE DATE PERMIT EXPIRY DATE
 TAX IDENTIFICATION NUMBER (If available) RELIGION
 STATE OF ORIGIN L.G.A.
 PURPOSE OF ACCOUNT

CONTACT DETAILS

RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 NEAREST BUS STOP/LANDMARK
 CITY/TOWN L.G.A.
 STATE COUNTRY
 MAILING ADDRESS
 PHONE NUMBER (1) PHONE NUMBER (2)
 EMAIL ADDRESS (Optional)

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

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 cheque? Yes No
 Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

EMPLOYMENT DETAILS

EMPLOYMENT STATUS: Employed Self Employed Unemployed Retired Student Others (Please Specify)

DATE OF EMPLOYMENT (If employed) D D M M Y Y Y Y

ANNUAL SALARY/EXPECTED ANNUAL INCOME

Annual Salary: (a) Less Than ₦50,000 (b) ₦51,000 - ₦250,000 (c) ₦251,000 - ₦500,000 (d) ₦501,000 - Less than ₦1million
(e) ₦1million - Less than ₦5million (f) ₦5million - Less than ₦10million (g) ₦10million - Less than ₦20million (h) Above ₦20million

BUSINESS/EMPLOYER'S NAME

HOUSE NUMBER STREET NAME

NEAREST BUS STOP/LANDMARK

CITY/TOWN L.G.A.

STATE

NATURE OF BUSINESS/OCCUPATION

OFFICE PHONE NUMBER FAX 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

NAME OF BENEFICIAL OWNER(S) (IF ANY)

SPOUSE'S NAME (IF APPLICABLE)

SPOUSE'S DATE OF BIRTH SPOUSE'S OCCUPATION

SOURCES OF FUND TO THE ACCOUNT (1)
(2)

EXPECTED ANNUAL INCOME FROM OTHER SOURCES

NAME OF ASSOCIATED BUSINESS(ES) (IF ANY) (1)
(2)
(3)

TYPE OF BUSINESS

BUSINESS ADDRESS

ACCOUNT HELD WITH OTHER BANKS:

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

DECLARATION

I/We hereby pally for the opening of accounts 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 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.

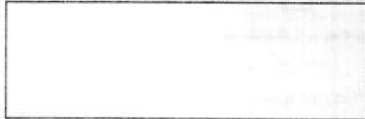
Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

JURAT (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter

MARK OF CUSTOMER/
THUMBPRINT



MAGISTRATE/
COMMISSIONER FOR OATHS



DATE

NAME OF INTERPRETER

ADDRESS OF INTERPRETER

TELEPHONE NUMBER

LANGUAGE OF INTERPRETATION

FOR BANK USE ONLY

REQUIREMENT CHECKLIST

SAVINGS ACCOUNT

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1	Duly Completed Account Opening Form			
2	Specimen signature card duly completed			
3	Recent Passport Photograph			
4	Proof of Identify: International Passport, Driver's License, National ID Card or INEC Voters Card (original must be sighted)			
5	Resident Permit (for Non-Nigerian)			
6	Proof of Address: Utility Bills, etc (Certified true copy is acceptable if original is not held)			
7	Letter from Employer / School / NYSC (for salary account and or Student only)			

FIXED / CURRENT / DOMICILIARY / FIXED INVESTMENT / OTHER TYPES OF ACCOUNT

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1	Duly Completed Account Opening Form			
2	Specimen signature card duly completed			
3	Two (2) Recent Passport Photographs			
4	Two (2) Independent and Satisfactory References			
5	Proof of Identify: International Passport, Driver's License, National ID Card or INEC Voters Card (original must be sighted)			
6	Proof of Address: Utility Bills (Certified true copy is acceptable if original is not held)			
7	Letter from Employer (for salary account only)			
8	Resident Permit (for Non-Nigerians)			
9	Other Document Provided			

AUTHENTICATION FOR FINANCIAL INCLUSION

- (i) Is the customer socially or financially disadvantaged? YES NO
- (ii) If answer to the (i) above is yes, state other documents obtained in line with the bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77(4) of AML/CFT Regulation, 2013

- (iii) Does the Customer enjoy tiered KYC requirements? YES NO
- (iv) If answer to question (iii) above is yes, identify the customer risk category: Low Risk Medium Risk High Risk

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person? YES NO

ACCOUNT OPENED BY:

CUSTOMER SERVICE OFFICER [REDACTED]

Signature: _____ DATE [DDMMYYYY]

BSM [REDACTED]

Signature: _____ DATE [DDMMYYYY]

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

NAME [REDACTED]

Signature: _____ DATE [DDMMYYYY]

NAME [REDACTED]

Signature: _____ DATE [DDMMYYYY]

ADDRESS VERIFICATION CARRIED OUT BY:

NAME [REDACTED]

Signature: _____ DATE [DDMMYYYY]

NAME [REDACTED]

Signature: _____ DATE [DDMMYYYY]

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

ACCOUNT OPENING AUTHORIZED/APPROVED BY:

NAME [REDACTED]

Signature: _____ DATE [DDMMYYYY]

NAME [REDACTED]

Signature: _____ DATE [DDMMYYYY]

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 thereon, 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 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
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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: _____