



ACCOUNT OPENING FORM-INDIVIDUAL / JOINT

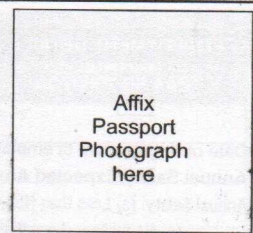
Category of Account: (Tick as appropriate)

Joint Account [] Fixed Investment Account [] Other Types of Account []

Account Type: (Tick as appropriate)

Current Account [] Fixed Deposit Account [] Savings Account [] Domiciliary Account [] Others []

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following []



BRANCH []

ACCOUNT No. (for official use only) []

BIOMETRIC ID NO: []

Personal details section including Title, Surname, First Name, Other Name, Marital Status, Gender, Place of Birth, Date of Birth, Mother's Maiden Name, Nationality, Resident permit No, Permit Issue Date, Permit Expiry Date, L.G.A, State of Origin, Tax Identification Number (TIN), Religion (Optional), and Purpose of Account.

2. CONTACT DETAILS

Contact details section including Residential Address, House Number, Street Name, Nearest Bus Stop/Landmark, City/Town, Local Govt. Area, State, Mailing Address, Phone Number (1), Phone Number (2), and E-mail Address.

3. VALID MEANS OF IDENTIFICATION

Valid means of identification section including National ID Card, National Driver's License, International Passport, INEC Voters Card, and Others (please specify). Includes ID No., ID issue Date, and ID Expiry Date.

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

Account service preferences section including Card Preferences (Verve Card, Master Card, Visa Card, Others), Electronic Banking Preferences (Internet Banking, Mobile Banking, ATM/POS, Other Electronic Channels), Transaction Alert Preferences (Email Alert, SMS Alert), Statement Preferences (Email, Post, Collection at Branch, Statement Frequency), Cheque Book Requisition (Opened Cheque, Crossed Cheque, 25 Leaves, 50 Leaves, 100 Leaves), and Cheque Confirmation (Will you like to pre-confirm your cheques?).

8. ACCOUNT HELD WITH OTHER BANKS:

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS ACTIVE/DORMANT
1.				
2.				
3.				
4.				

9. TERMS AND CONDITIONS

To: **ZIKLAG CAPITAL LIMITED**

Date _____

Branch _____

Dear Sir,

Please open an investment account in my/our name(s) _____

I/We request and authorise ZIKLAG CAPITAL LIMITED until I/we shall give notice in writing to the contrary to honour all orders which may be drawn on the said investment provided such orders are signed by me/us, in accordance with my/our mandate and I/We request and authorise ZIKLAG to debit such investment or orders to the said investment with you.

I/We agree as follows

- To assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills note negotiable instruments and receipts or other documents deposited for investment.
- To hold ZIKLAG free from any loss or depreciation of funds deposited with ZIKLAG due to any future Government order, law, levy, tax embargo moratorium, exchange restriction or any other cause beyond your control, and that any or all funds standing to the credit of the investment are payable only at ZIKLAG and only in such local currency, or is may then be in local circulation.
- To accept as due notification any notice of change in conditions governing the investment directed to my/our last known address and to be bound by such change.
- That any notice or letter addressed to me/us and sent through the post to the address supplied by me/us shall be considered duly delivered to and received by me/us at the time it would be delivered in the ordinary course of post.
- That if cheques credited to my/our individual joint investment account are returned dishonoured, the same may be transmitted to me/us through my/our last known address either by hand delivery or post. You may notify me/us of the returned cheque via my/our telephone or email.
- That I/We note that ZIKLAG will accept no liability whatsoever for funds handed to members of its staff outside banking hours or outside ZIKLAG premises.
- I/We understand and agree that ZIKLAG is under no obligation to honour any withdrawal order on this investment unless there are sufficient funds in the investment to cover the value of the said withdrawal and I/We understand and agree that any such instruction or order may be returned to me/us unpaid.
- I/We agree that in addition to any general lien or similar right to which ZIKLAG as a licensed financial institution may be entitled by law ZIKLAG may at any time and without prior notice to me/us combine or consolidate all or any of my/our investments with and liabilities to ZIKLAG and set off or transfer any such sums standing to the credits of any one or more of such account or any other credit be it cash, cheque, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with ZIKLAG in or towards satisfaction of any of my/our abilities to ZIKLAG or any other account or in any other respect whether such liability be actual or contingent, primary or collateral and several of joint.
- In consideration of my/our investment in your Promissory Note(s), Treasury Bill Certificate(s) to be issued from time to time, in the event of my/our damage Or otherwise loss of the Note(s) / Certificate(s) evidencing such investment, I/We hereby undertake to, hold you harmless and keep you indemnified from all loss, costs or damages you may sustain, or be put to by reason of your paying on the said Note(s) Certificate (s) being at any time found or presented for payments and against all claims and demands which may be in respect thereof.
- I/We undertake further to return to ZIKLAG the original Note or Certificate should it be found by me/us or again come into my/ours possession anytime thereafter.
- I/We fully understand and agree that ZIKLAG shall not be liable for any loss or damages sustained by me/us by reason of the operation of the account provided such loss or damage was not caused or facilitated by ZIKLAG or any of its staff tiding on its behalf.
- That ZIKLAG is authorised to impose penalties for any withdrawal made prior to maturity or without due notice.
- That I/We shall from time to time provide ZIKLAG with any documentation necessary for ZIKLAG to determine the validity of the investments through this account.
- In the absence of clear disposal instruction the principal amount and interest at maturity will be liquidated and ZIKLAG may at its discretion hold the funds in a non interest bearing account pending further instructions or send a payment order or cheque to me/us at my/our last, known address.
- I/We are fully aware that funds transfer instruction on this account shall be by my/our letter duly signed according to mandate and I/We hereby acknowledge that the use of facsimile, untested telexes, photocopied letters, electronic mails (on letter head or otherwise) or other unsecured means of communication to convey instructions for funds transfers or any other such instructions not backed by duly signed original letter from me/us that will lead to the debit or credit, as the case may be, of my/our account is fraught with additional risks and fraud exposure.
- In consideration of ZIKLAG agreeing to accept and act upon any such instructions communication and documents, by facsimile, untested telexes, electronic mails or photocopied letters issued according to my/our mandate unaccompanied by original copy of our duly signed letter, I/We hereby irrevocably undertake to indemnify ZIKLAG and hold it harmless from and against all cost, (including but without limitation to) legal fees and expenses claims, losses, liabilities, damages and instructions, communication or documents.



- 17. Furthermore, I/We hereby irrevocably release ZIKLAG from all liability, loss and damages in the event that any untested telex or facsimile transmission, electronic mail or photocopied letter is not received or is mutilated, illegible or interrupted, duplicated, incomplete, unauthorized or delayed for any reason, or in the event that termination of the investments with ZIKLAG is duly made by me/us in accordance with the mandate but contrary to any law or regulation presently in force.
- 18. ZIKLAG shall have absolute discretion, for any reason, whatsoever, to act or not to act upon documentation received by facsimile, untested telex, electronic mail or photocopied letter unaccompanied by a duly signed original copy of a letter issued by me/us and/or to request verification or documents received by such means.
- 19. Also, in consideration of ZIKLAG issuing or accepting third party cheques and/or draft from time, to time, at my/our request, I/we hereby irrevocably undertake that I/we shall fully indemnify ZIKLAG against all losses, expenses, costs damages or otherwise, that may occur as a result of the, issuance or acceptance of the said their party cheques and or/draft.
- 20. With respect to joint investment, ZIKLAG may rely upon the authority of those present without more for purpose of dealing with us until the receipt by ZIKLAG a of an instruction revoking or modifying same provided however that in the case of an actual or suspected crisis or deadlock in the running/maintenance of the investment, ZIKLAG shall at its circumstances to protect our interest (including but not limited to the acceptance or rejection of a purported instruction) and we hereby indemnify ZIKLAG for any loss howsoever arising incurred by ZIKLAG as a consequence of ZIKLAG action(s) in such circumstances.

"ZIKLAG views seriously incidence of dud cheque issuance. To this end, we expect Kakawa customers to take steps to avoid issuance of same. ZIKLAG shall report incidence of dud cheques to appropriate authorities for their further action"

- 21. **IT IS HEREBY AGREED AS FOLLOWS;**
 - a. I/We hereby authorise ZIKLAG a to initiate, roll over or reinvest our investment in Commercial Paper Note(s) hereafter referred to as "Instrument (s)" issued by various registered companies in Nigeria and the authority herein given shall extend to ZIKLAG as its sole discretion moving my/our said investment from one particular instrument to another in good faith and as demanded by commercial expediency.
 - b. I/We hereby authorise ZIKLAG to maintain safe custody of the instrument (s) on its behalf for the tenor of the investment.
 - c. ZIKLAG 's role is limited to the custody of the instrument(s). It is does not imply or include recourse for the value or worth of the investment.
 - d. I/We agree that the responsibility for the repayment of the value of the investment shall be that of the issuers of the instrument(s).
 - e. In the event of loss or destruction of the instrument(s) whether or not due to lack of diligence or care on the part of ZIKLAG , the issuer(s) of the instrument(s) will repay me/us the value of the instrument upon proper identification or evidence of title to the instrument(s).
 - f. I/We agree and understand that the commitment of ZIKLAG to maintain custody of the instrument(s) is limited to the forgoing conditions only any no further commitments is intended, whether express or implied.
- 22. That the above resolutions/mandate shall remain valid and in force until rescinded by notice in writing under my/our hand.

JOINT ACCOUNT HOLDERS

Name	Telephone	Email Address	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATED THIS _____ DAY OF _____, 2 _____

Signature (s) of Customer(s) _____

Name(s) in Full _____

11. DECLARATION

I/We hereby apply for the opening of any account(s) with..... 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 ZIKLAG for any loss suffered as a result of any false information or error in the information provided to ZIKLAG.

1. Name..... Signature..... Date.....
2. Name..... Signature..... Date.....
3. Name..... Signature..... Date.....
4. Name..... Signature..... Date.....
5. Name..... Signature..... Date.....
6. Name..... Signature..... Date.....

12. JURAT (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORMS 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:

TEL NO:

LANGUAGE OF INTERPRETATION:

FOR OFFICE USE ONLY

1. REQUIREMENTS 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 Identity: International passport, Driver's license, National ID card, Valid Nigerians 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 photograph			
4.	Two (2) independent and satisfactory references			
5.	Proof of Identity: International passport, Driver's license, National ID card, Valid Nigerians Voters Card (Original must be sighted)			
6.	Proof of Address: Utility bills, etc (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			