



ACCOUNT OPENING FORM - ENTITIES (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

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

ACCOUNT No. (for official use only)

BRANCH

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

Company/Business Name

Certificate of Incorporation/Registration Number

Date of Incorporation/Registration Jurisdiction of Incorporation/Registration

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 No/Borrower's Code (where applicable)

Special Control Unit against Money Laundering (SCUML) Reg. No:

2. ANNUAL TURNOVER

(a) Less than N50 Million N50 Million - Less than N500 Million N500 Million - Less than N5 Billion Above N5 Billion

(b) Is Your Company Quoted on any Stock Exchange? Yes No

© If answer to question (b) is yes, indicate which Stock Exchange and the Stock Symbol:

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

Card Preferences: Verve Card MasterCard 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

4. CHEQUE CONFIRMATION THRESHOLD

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above Nxxx,000.00)



5. ACCOUNT SIGNATORY'S DETAILS

1. Surname Other Name
 First Name Mother's Maiden Name
 Date of Birth Gender M F
 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 Govt. Area
 State
 Phone Number (1) Phone Number (2)
 E-mail Address
 Class of Signatory (Please indicate class in the box provided) Signature _____ Date

2. Surname Other Name
 First Name Mother's Maiden Name
 Date of Birth Gender M F
 Nationality (for non-Nigerians)
 Means Of Identification ID Number
 ID Issue Date ID Expiry Date
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 Phone Number (1) Phone Number (2)
 E-mail Address



3. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M F

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 Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

Class of Signatory Signature Date

(Please indicate class in the box provided)

6A. DETAILS OF THE DIRECTOR'S EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

1 Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender M F

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 Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

2. Surname Other Name
First Name Mother's Maiden Name
Date of Birth Gender M F
Means Of Identification ID Number
ID Issue Date ID Expiry Date
Biometric ID No.
Occupation
Status/Job Title
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Occupation
Status/Job Title
Residential Address
House Number Street Name
Nearest Bus Stop/Landmark
City/Town
Local Govt. Area
State
Phone Number (1) Phone Number (2)

6B. DETAILS OF A SOLE PROPRIETOR

1. PERSONAL INFORMATION

Title Surname

First Name Other Name

Marital Status (please tick as appropriate) Single Married Others (please specify) Gender F M

Date of Birth Place of Birth

Mother's Maiden Name

Nationality (for non Nigerian) Resident permit No

Permit Issue Date Permit Expiry Date

L.G.A State of Origin

Tax Identification Number (TIN)

II. CONTACT DETAILS

Business/Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

III. MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport Valid Voters Card * Others (please specify)

ID No ID Issue Date ID Expiry Date

Biometric Id No:

*People in peculiar circumstances Artisans, petty traders, student who may not have the prescribed O's.

IV. DETAILS OF NEXT KIN

Surname Other Name

First Name Gender F M Title (Specify)

Date of Birth Relationship

Mobile Number 1 Mobile Number 2

E-mail Address

Contact Details

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

7. ADDITIONAL DETAILS:

1. Name affiliated company/Body: 1.

2.

3.

2. Parent Company's Country of



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

Table with 5 columns: S/N, NAME AND ADDRESS OF BANK/BRANCH, ACCOUNT NAME, ACCOUNT NUMBER, STATUS ACTIVE/DORMANT. Rows 1-4.

8. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

.....Bank Plc
.....
Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE
We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or relevant agency / authority.
Thank you.

Yours faithfully,

Authorized Signature of the Customer / Representative & Date

Authorized Signature of the Customer / Representative & Date

9. LETTER OF INDEMNITY

Financial Institutions are permitted to insert their terms to reflect unique business operations.

To: ZIKLAG CAPITAL LIMITED

Gentlemen,

Please be informed that at the meeting of the above named company held on the following resolutions were passed:

- 1. That an account be opened in the name of the Company with ZIKLAG Discount House Limited. "ZIKLAG" with the underlisted persons as signatories in line with mandate specified in the enclosed signature cards.
a. c.
b. d.
2. That ZIKLAG is hereby authorised to debit the above account with the usual banking charges, interest commissions, legal fees etc and we hereby acknowledge that any sum standing to the debit of the Investment Account shall be liable to interest charges at a rate fixed by ZIKLAG from time to time.
3. We hereby agree that in addition to any general lien to which you may be entitled you may at any time and without notice to us combine or consolidate all or any of the Company's account with you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credits, be it cash, cheques, valuables, deposit, securities, negotiable instruments or other assets belonging to the company with you in or towards the satisfaction of any of the company's liabilities to you on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.
4. That ZIKLAG is hereby authorised to honour all cheques, bills, promissory notes, acceptances, receipts, releases, guarantees or indemnities and generally accept all instructions provided same are executed by the above named signatories.

INDEMNITY FOR HONOURING FUNDS TRANSFER INSTRUCTIONS AND FOR ACCEPTING THIRD PARTY CHEQUES.

- 5. We are fully aware that funds transfer instructions in respect of this account shall be by our letter duly signed according to mandate and we hereby acknowledge that the used of facsimile, untested telexes, photocopied letter issued according to our mandate and unaccompanied by original letter from us that will lead to the debit or credit, as the case may be, of our account is associated with additional risks and fraud exposure.
6. In consideration of ZIKLAG Discount House Limited agreeing to accept and act upon any such instructions, communication and documents by facsimiles, untested telexes, electronic mails or photocopied issued according to our mandate and unaccompanied by original copy of our duly signed letter, we hereby irrevocably undertake to indemnify ZIKLAG and hold it harmless from and against all costs. (including but without limitation to) legal fees and expenses, claims, losses, liabilities, damages and proceedings whatsoever that ZIKLAG may suffer or incur or that may arise as a result of ZIKLAG's accepting or acting upon such instructions, communications or documents.
7. Furthermore, we hereby irrevocably release ZIKLAG from all liability, loss and damages in the event that any untested telex or facsimile transmission, electronic mail for 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 investment with ZIKLAG is duly made by us in accordance with the mandate but contrary to any law or regulation presently in force.
8. ZIKLAG shall have absolute discretion, for nay reason whatsoever, to act or not to act upon documentation received by facsimile, untested telex, electronic mails or photocopied letters unaccompanied by a duly signed original copy of a letter issued by us/or to request verification of documents received by such means.
9. Also in consideration of ZIKLAG issuing or accepting third party cheques and/or drafts from time to time, at our request, we hereby irrevocably undertake that we shall fully indemnify ZIKLAG against all losses, expenses, cost, damages or otherwise, that may occur as a result of the issuance or acceptance of the said third party cheques and /or drafts provided that ZIKLAG is under no obligation to accept third party cheques and/or draft and may at its



absolute discretion refuse to accept third party cheques and/or drafts:

10. In consideration of your redeeming our investment in your Promissory Note/Treasury Bill Certificate to be issued from time to time, in the event of our damage or otherwise loss of the Note(s) Certificate(s) evidencing such investment, we hereby undertake to hold you harmless and keep you indemnified from all losses, cost or damages you may sustain, or be put to by reason of your paying on the said Promissory Note/Treasury Bill Certificate, or by reason of the said original Note or Certificate being at any time found or presented for payment and against all claims and demands which may be made in respect thereof.

We undertake further to return to you the original Note or Certificate should it be found by us or again come into our possession at anytime thereafter.

We fully understand and agree that ZIKLAG shall not be liable for any loss or damages sustained by us by reason of the operation of the account provided such loss or damages was nots caused or facilitated by ZIKLAG or any of its staff acting on its behalf.

DATED THIS _____ DAY OF _____, 2 _____

Signature of Customer & Date _____

Director's Name in full _____ Director or Secretary's Name in full _____

Director's Signature _____ Director or Secretary's Signature _____

Company Seal

CUSTOMER INFORMATION
This form is for the use of the customer to provide details of their investment and to agree to the terms and conditions of the account. It should be completed and returned to the bank.

Table with multiple columns and rows, likely for recording transaction details or account information.

Table with multiple columns and rows, likely for recording transaction details or account information.



11. TERMS AND CONDITION

IT IS HEREBY AGREED AS FOLLOWS:

- (a) ZIKLAG will from time to time invest funds placed by you in Commercial Papers (hereinafter referred to as "the Investment") of various registered Companies in Nigeria.
- (b) The Company hereby authorises ZIKLAG to maintain safe custody of the Commercial Paper Note(s), (hereinafter referred to as "the Instrument") on its behalf for the tenor of the investment.
- (c) The Company agrees that this Agreement is limited to the custody of the instrument(s). It does not imply or include recourse for the value or worth of the instruments.
- (d) The Company agrees that the repayment of the investment is to be made by the Companies in which the investment is made, through the agent, ZIKLAG
- (e) ZIKLAG agrees that in the event of loss or destruction of the instrument under circumstances not due to the lack of diligence or care on the part of ZIKLAG, the issuers of the instrument will repay the Company the value of the instrument upon proper identification of evidence of title of the instrument(s)
- (f) The Company agrees and understands that the commitment of ZIKLAG to maintain custody of the instrument is limited to the foregoing conditions only and no further commitment is intended, whether expressed or implied.

That the above resolutions/mandate shall remain valid and in force until rescinded by notice in writing under the seal of the Company by the Board of Directors.

12. DECLARATION

CUSTOMER INFORMATION

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

"In Witness where of, the common seal of.....(Name of Company) is hereby affixed this.....day of.....20.....
In the presence of :

Director (Name and Signature)

Director / Secretary (Name and Signature)

13. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON

Name

Status

Signature:..... Date

D	D	M	M	Y	Y	Y	Y

Name

Status

Signature:..... Date

D	D	M	M	Y	Y	Y	Y

Company seal here

14. IN THE PRESENCE OF

Name

Address

Occupation

Signature..... Date

D	D	M	M	Y	Y	Y	Y

FOR OFFICE USE ONLY

1. 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 true copies by the registrar of Companies and a certification by a Notary Public for Foreign Companies)				
6.	(a) Form C07 Particulars of Directors (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)				
7.	(b) Form C02 Allotment of Shares (Certified true copies by the Registrar of Companies and a certification 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) passports 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				
16.	Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable)				
17.	Search Report				
18.	Power of Attorney (where applicable)				
19.	Letter of Indemnity				
20.	Letter of indemnity				
21.	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 Int'l 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/codument 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)				