

ACCOUNT OPENING FORM JOINT

CONFIDENTIAL
FORM A

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

CATEGORY OF ACCOUNT JOINT ACCOUNT FIXED INVESTMENT ACCOUNT OTHER TYPES OF ACCOUNT

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

BRANCH BRANCH CODE ACCOUNT NUMBER

NAME OF ACCOUNT

PRIMARY CONTACT PERSON

MANDATORY - PLEASE COMPLETE THIS SECTION

HOW DID YOU HEAR ABOUT US? RADIO NEWSPAPER BILLBOARD TV INTERNET SOCIAL MEDIA FIRSTBANK FRIEND/FAMILY OTHER

1. PERSONAL INFORMATION

	APPLICANT 1		APPLICANT 2																																
TITLE	<input type="text"/>	AFFIX APPLICANT PASSPORT PHOTOGRAPH HERE	<input type="text"/>																																
GENDER	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> M <input type="checkbox"/> F																																
FIRST NAME	<input type="text"/>		<input type="text"/>																																
OTHER NAME SURNAME	<input type="text"/>		<input type="text"/>																																
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PLACE AND COUNTRY OF BIRTH	<input type="text"/>		<input type="text"/>																																
MOTHER'S MAIDEN NAME	<input type="text"/>		<input type="text"/>																																
NATIONALITY	<input type="text"/>		<input type="text"/>																																
DO YOU HAVE DUAL CITIZENSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE SECOND NATIONALITY <input type="text"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE SECOND NATIONALITY <input type="text"/>																																
RESIDENCY STATUS	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY																																
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ID TYPE	<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> PERMANENT VOTER'S CARD <input type="checkbox"/> OTHERS IF OTHERS PLEASE SPECIFY <input type="text"/>		<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> PERMANENT VOTER'S CARD <input type="checkbox"/> OTHERS IF OTHERS PLEASE SPECIFY <input type="text"/>																																
L.G.A	<input type="text"/>		<input type="text"/>																																
STATE OF ORIGIN	<input type="text"/>		<input type="text"/>																																
TAX IDENTIFICATION NUMBER (TIN)	<input type="text"/>		<input type="text"/>																																
PURPOSE OF ACCOUNT	<input type="text"/>		<input type="text"/>																																
BANK VERIFICATION NO. (BVN)	<input type="text"/>		<input type="text"/>																																

2. CONTACT DETAILS

RESIDENTIAL ADDRESS

HOUSE NUMBER		STREET NAME	
CITY/TOWN		LOCAL GOVT. AREA	
STATE, COUNTRY			

HOUSE NUMBER		STREET NAME	
CITY/TOWN		LOCAL GOVT. AREA	
STATE, COUNTRY			

MAILING ADDRESS
(OUTSIDE NIGERIA OR IF
DIFFERENT FROM
ABOVE)

HOUSE NUMBER		STREET NAME	
CITY/TOWN		LOCAL GOVT. AREA	
STATE, COUNTRY			

HOUSE NUMBER		STREET NAME	
CITY/TOWN		LOCAL GOVT. AREA	
STATE, COUNTRY			

NEAREST BUS STOP

PHONE NUMBER (1)

COUNTRY CODE	NUMBER
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COUNTRY CODE	NUMBER
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PHONE NUMBER (2)

COUNTRY CODE	NUMBER
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COUNTRY CODE	NUMBER
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EMAIL ADDRESS

3. VALID MEANS OF IDENTIFICATION

ID TYPE

INTERNATIONAL PASSPORT DRIVERS LICENCE NATIONAL ID CARD PERMANENT VOTER'S CARD

INTERNATIONAL PASSPORT DRIVERS LICENCE NATIONAL ID CARD PERMANENT VOTER'S CARD

OTHERS IF OTHERS PLEASE SPECIFY

OTHERS IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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ID EXPIRY DATE

D	D	M	M	Y	Y	Y	Y
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*PEOPLE IN PECULIAR CIRCUMFERENCES ARTISANS, PETTY TRADERS, STUDENT WHO MAY NOT HAVE THE PRESCRIBED ID.

4. ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK APPLICABLE OPTION BELOW)

CARD PREFERENCES

VERVE CARD MASTER CARD VISA CARD

VERVE CARD MASTER CARD VISA CARD

OTHERS (SPECIFY)

OTHERS (SPECIFY)

ELECTRONIC BANKING
PREFERENCES

INTERNET BANKING MOBILE BANKING ATM/POS

INTERNET BANKING MOBILE BANKING ATM/POS

OTHER ELECTRONIC CHANNELS (FEES MAY APPLY) SPECIFY

OTHER ELECTRONIC CHANNELS (FEES MAY APPLY) SPECIFY

TRANSACTION ALERT
PREFERENCES

EMAIL ALERT (FREE) SMS ALERT (FEE APPLIES)

EMAIL ALERT (FREE) SMS ALERT (FEE APPLIES)

STATEMENT PREFERENCES

EMAIL POST COLLECTION AT BRANCH

EMAIL POST COLLECTION AT BRANCH

STATEMENT FREQUENCY

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

CHEQUE BOOK REQUISITION
(FEES APPLIES)

OPENED CHEQUE CROSSED CHEQUE

OPENED CHEQUE CROSSED CHEQUE

25 LEAVES 50 LEAVES 100 LEAVES

25 LEAVES 50 LEAVES 100 LEAVES

CHEQUE CONFIRMATION

WILL YOU LIKE TO PRE-CONFIRM YOUR CHEQUES? YES NO

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

IF THE ANSWER TO THE ABOVE IS YES, PLEASE SPECIFY THE THRESHOLD

5. EMPLOYMENT DETAILS

EMPLOYMENT STATUS

SALARIED EMPLOYMENT SELF-EMPLOYED

SALARIED EMPLOYMENT SELF-EMPLOYED

RETIRED UNEMPLOYED

RETIRED UNEMPLOYED

STUDENT OTHER

STUDENT OTHER

IF OTHERS PLEASE SPECIFY

IF OTHERS PLEASE SPECIFY

DATE OF EMPLOYMENT

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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JOB TITLE

ANNUAL SALARY/
EXPECTED ANNUAL INCOME LESS THAN N50,000
 N51,000-N250,000
 N251,000 - N500,000
 N501,000 - LESS THAN N1 MILLION
 N1 MILLION - LESS THAN N5 MILLION
 N10 MILLION - LESS THAN N20 MILLION
 N5 MILLION - LESS THAN N10 MILLION
 ABOVE N20 MILLION

BUSINESS/EMPLOYER'S NAME
NATURE OF BUSINESS/
OCCUPATION
EMPLOYER'S ADDRESS

STREET NAME
CITY/TOWN LOCAL GOVT. AREA
STATE, COUNTRY

NEAREST BUS STOP

OFFICE PHONE NUMBER
COUNTRY CODE NUMBER

FAX NUMBER
COUNTRY CODE NUMBER

LESS THAN N50,000
 N51,000-N250,000
 N251,000 - N500,000
 N501,000 - LESS THAN N1 MILLION
 N1 MILLION - LESS THAN N5 MILLION
 N10 MILLION - LESS THAN N20 MILLION
 N5 MILLION - LESS THAN N10 MILLION
 ABOVE N20 MILLION

BUSINESS/EMPLOYER'S NAME
NATURE OF BUSINESS/
OCCUPATION
EMPLOYER'S ADDRESS

STREET NAME
CITY/TOWN LOCAL GOVT. AREA
STATE, COUNTRY

NEAREST BUS STOP

OFFICE PHONE NUMBER
COUNTRY CODE NUMBER

FAX NUMBER
COUNTRY CODE NUMBER

6. DETAILS OF NEXT OF KIN

TITLE GENDER MALE FEMALE

FIRST NAME

OTHER NAME

SURNAME

DATE OF BIRTH
D D M M Y Y Y Y

RELATIONSHIP

MOBILE PHONE NUMBER
COUNTRY CODE NUMBER

EMAIL ADDRESS

CONTACT ADDRESS

HOUSE NUMBER STREET NAME
CITY/TOWN LOCAL GOVT. AREA
STATE, COUNTRY

NEAREST BUS STOP

TITLE GENDER MALE FEMALE

FIRST NAME

OTHER NAME

SURNAME

DATE OF BIRTH
D D M M Y Y Y Y

RELATIONSHIP

MOBILE PHONE NUMBER
COUNTRY CODE NUMBER

EMAIL ADDRESS

CONTACT ADDRESS

HOUSE NUMBER STREET NAME
CITY/TOWN LOCAL GOVT. AREA
STATE, COUNTRY

NEAREST BUS STOP

7. ADDITIONAL DETAILS

NAME OF BENEFICIAL OWNER(S) (IF ANY)

SPOUSE'S NAME
(IF APPLICABLE)

SPOUSE OCCUPATION

SPOUSE DATE OF BIRTH

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

NAME OF BENEFICIAL OWNER(S) (IF ANY)

SPOUSE'S NAME
(IF APPLICABLE)

SPOUSE OCCUPATION

SPOUSE DATE OF BIRTH

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

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: FBNQuest Merchant Bank Limited

Date

D	D	M	M	Y	Y	Y	Y

Branch

Dear Sir,

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

I/We request and authorise FBNQuest Merchant Bank 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 FBNQuest Merchant Bank Limited to debit such investment or orders to the said investment with you.

I/We agree as follows:

1. 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.
2. To hold FBNQuest Merchant Bank Limited free from any loss or depreciation of funds deposited with FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited and only in such local currency, as may then be in local circulation.
3. 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.
4. 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.
5. 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.
6. That I/We note that FBNQuest Merchant Bank Limited will accept no liability whatsoever for funds handed to members of its staff outside banking hours or outside FBNQuest Merchant Bank Limited premises.
7. I/We understand and agree that FBNQuest Merchant Bank Limited 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.
8. I/We agree that in addition to any general lien or similar right to which FBNQuest Merchant Bank Limited as a licensed financial institution may be entitled by law FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited in or towards satisfaction of any of my/our abilities to FBNQuest Merchant Bank Limited or any other account or in any other respect whether such liability be actual or contingent, primary or collateral and several of joint.
9. 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.

10. I/We undertake further to return to FBNQuest Merchant Bank Limited the original Note or Certificate should it be found by me/us or again come into my/ours possession anytime thereafter.
11. I/We fully understand and agree that FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited or any of its staff acting on its behalf.
12. That FBNQuest Merchant Bank Limited is authorised to impose penalties for any withdrawal made prior to maturity or without due notice.
13. That I/We shall from time to time provide FBNQuest Merchant Bank Limited with any documentation necessary for FBNQuest Merchant Bank Limited to determine the validity of the investments through this account.
14. In the absence of clear disposal instruction the principal amount and interest at maturity will be liquidated and FBNQuest Merchant Bank Limited 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.
15. 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.
16. In consideration of FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited 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 mutilated, illegible or interrupted, duplicated, incomplete, unauthorized or delayed for any reason, or in the event that termination of the investments with FBNQuest Merchant Bank Limited is duly made by me/us in accordance with the mandate but contrary to any law or regulation presently in force.
18. FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited 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, FBNQuest Merchant Bank Limited may rely upon the authority of those present without more for purpose of dealing with us until the receipt by FBNQuest Merchant Bank Limited 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, FBNQuest Merchant

Bank Limited 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 FBNQuest Merchant Bank Limited for any loss howsoever arising incurred by FBNQuest Merchant Bank Limited as a consequence of FBNQuest Merchant Bank Limited's action(s) in such circumstances. "FBNQuest Merchant Bank Limited views seriously incidence of dud cheque issuance. To this end, we expect FBNQuest Merchant Bank Limited customers to take steps to avoid issuance of same. FBNQuest Merchant Bank Limited shall report incidence of dud cheques to appropriate authorities for their further action.

- 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 FBNQuest Merchant Bank Limited, 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 FBNQuest Merchant Bank Limited to maintain custody of the instrument(s) is limited to the forgoing conditions only and no further commitments is intended, whether express or implied.

FBNQuest Merchant Bank Limited views seriously incidence of dud cheques issuance. To this end, we expect FBNQuest Merchant Bank customers to take steps to avoid issuance of same. FBNQuest Merchant Bank shall report incidence of dud cheques to appropriate authorities for their further action.

23. That the above resolutions/mandate shall remain valid and in force until rescinded by notice in writing under my/our hand.

21. If a breach is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to appropriate law enforcement agencies in line with extant laws.

24. DATA

- a. I/We agree that FBNQMB may use the information disclosed in connection or as a result of operating the Account ("Data") for assessment and analysis and to identify products and services (including those supplied by third parties) which may be relevant to us. We may disclose data:
 - a) To credit reference agencies, any person who may assume our rights under this Agreement, a member of FBN Holdings Group, or
 - b) If we have a right or duty to disclose or are compelled to do so by law.
- b. I/We consent to the processing of personal data in line with FBNQuest Data Privacy Policy (<https://fbnquest.com/quicklinks/policies/privacy-policy/>).

22. IT IS HEREBY AGREED AS FOLLOWS;

- a. I/We hereby authorise FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited 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 FBNQuest Merchant Bank Limited to maintain safe custody of the instrument (s) on its behalf for the tenor of the investment.
- c. FBNQuest Merchant Bank Limited's role is limited to the custody of the instrument(s). It does not imply or include recourse for the value or worth of the investment.

FOR KERA CUSTOMERS

- 1. That one of the account owners must be eligible to operate the KERA account, and that, the account will be converted to our Promissory Note Backed Investment (PNBI) if the survivor (Joint Account Owner) is not eligible to operate the account.
- 2. The principal Account Holder is authorized to alter the mandate on the account or remove any of the Joint Account Holder(s) at his discretion and without reference/ consent of the other Account Holders.

I hereby agree with the above Terms & Conditions

JOINT ACCOUNT HOLDERS

NAME	TELEPHONE	EMAIL ADDRESS	SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

SIGNATURE (S) OF CUSTOMER(S)

NAME(S) IN FULL

10. ACCOUNT OPENING MANDATE

CUSTOMER KYC (ACCOUNT) CATEGORY (PLEASE TICK AS APPROPRIATE)

JOINT ACCOUNT FIXED INVESTMENT ACCOUNT OTHER TYPES OF ACCOUNT

ACCOUNT TYPE CURRENT ACCOUNT FIXED DEPOSIT ACCOUNT SAVINGS ACCOUNT DOMICILIARY ACCOUNT

S	€	¥	£	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT NAME

ACCOUNT NUMBER

<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"/>
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MANDATE AUTHORISATION / COMBINATION RULE (PLEASE TICK AS APPROPRIATE) OTHERS EITHER TO SIGN SOLE SIGNATORY
 TWO OR MORE IF TWO OR MORE ARE TO SIGN, PLEASE SPECIFY

SIGNATORIES

1 TITLE NAME

SURNAME

FIRST NAME

OTHER NAME

CLASS OF SIGNATORY

IDENTIFICATION TYPE

IDENTIFICATION NO

TELEPHONE NUMBER

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHOTO

FOR BANK USE ONLY

NAME SIGNATURE

FOR BANK USE ONLY

NAME SIGNATURE

2 TITLE NAME

SURNAME

FIRST NAME

OTHER NAME

CLASS OF SIGNATORY

IDENTIFICATION TYPE

IDENTIFICATION NO

TELEPHONE NUMBER

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHOTO

FOR BANK USE ONLY

NAME SIGNATURE

FOR BANK USE ONLY

NAME SIGNATURE

NOTE: Two mandate cards must be filled by each applicant

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 FBNQuest Merchant Bank Limited for any loss suffered as a result of any false information or error in the information provided to FBNQuest Merchant Bank Limited.

NAME	<input type="text"/>	SIGNATURE	<input type="text"/>	DATE	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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D	D	M	M	Y	Y	Y	Y														

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	
<input type="text"/>		<input type="text"/>	
DATE	<input type="text"/>	DATE	<input type="text"/>

NAME OF INTERPRETER

ADDRESS OF INTERPRETER

STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

NEAREST BUS STOP

TEL NO.

COUNTRY CODE NUMBER

LANGUAGE OF INTERPRETATION

FOR INTERNAL USE

1. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
A.	Duly completed and signed account opening form (all relevant fields must be completed)				
B.	Duly completed and signed specimen signature card				
C.	Two (2) clear passport-size photographs each with the client's name and signature on the reverse side				
D.	The Sighted, Notarised or Certified copy of the means of identity (evidence of identity) of the client				
E.	The Sighted, Notarised or Certified copy of the proof of residential address (evidence of residential address) of the client				
F.	The Sighted, Notarised or Certified copy of the valid residence permit of a resident non-Nigerian				
G.	The Sighted, Notarised or Certified copy of the power of attorney (where applicable)				
H.	The tax identification number of the client, if available. The Sighted, Notarised or Certified copy of the tax certificate or tax card may also be provided, if available				
I.	Two (2) independent and satisfactory references. (not required for Savings account)				

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

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.....

.....

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 AND FINANCIALLY EXPOSED PERSONS

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS POLITICALLY EXPOSED? YES NO

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS FINANCIALLY EXPOSED? YES NO

RISK ASSESSMENT PROFILE

HIGH RISK - CATEGORY A MEDIUM RISK - CATEGORY B LOW RISK - CATEGORY C

A. ACCOUNT OPENED BY

NAME	<input type="text"/>																		
SIGNATURE	<input type="text"/>	DATE	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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D	D	M	M	Y	Y	Y	Y												
CUSTOMER INTRODUCED BY	<input type="text"/>																		
RELATED ACCOUNT	<input type="text"/>	NATURE OF RELATIONSHIP	<input type="text"/>																

B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY

NAME	<input type="text"/>																		
SIGNATURE	<input type="text"/>	DATE	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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D	D	M	M	Y	Y	Y	Y												

C. ADDRESS VERIFICATION CARRIED OUT BY

NAME																								
SIGNATURE							DATE	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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D	D	M	M	Y	Y	Y	Y																	

COMMENTS(S); (ADDRESS DESCRIPTION AND RESULT FINDINGS)

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D. ACCOUNT OPENING AUTHORISED / APPROVED BY

NAME																								
SIGNATURE							DATE	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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D	D	M	M	Y	Y	Y	Y																	

The Manager

FBNQuest Merchant Bank Limited
 10 Keffi Street, Off Awolowo Road,
 S.W. Ikoyi, Lagos, Nigeria

Dear Sir,

Name(s) of Prospective New Customer(s) _____

I/We understand that the above named person(s) has/have applied to open an Investment Account with you.

I/We have known the above named applicant(s) for _____

and I/We comment on its reputation of the applicant(s) _____

CAUTION! IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

I/We also confirm that the applicant is a person / are persons to whom the usual banking facilities may be extended. I/We maintain current account(s) with _____

Referee's Name _____

Name of Bank/Branch _____

and the account number(s) is/are _____

I/We authorise you to contact the above named bankers for the purpose of verifying my/our standing and the status of our account with my/our _____

Yours faithfully,

 Name (in block letters)

The Manager

FBNQuest Merchant Bank Limited
 10 Keffi Street, Off Awolowo Road,
 S.W. Ikoyi, Lagos, Nigeria

Dear Sir,

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and the account number(s) is/are _____

I/We authorise you to contact the above named bankers for the purpose of verifying my/our standing and the status of our account with my/our _____

Yours faithfully,

 Name (in block letters)

CONFIDENTIAL

DATE

D	D	M	M	Y	Y