FBNQuest Merchant Bank Limited RC 446599
2 Broad Street, Lagos Island, Lagos, Nigeria
Tel: +234 (1) 2702290-4, +234 (0) 708 065 3100
www.FBNQuest.com/merchant-bank

FBNQuest Merchant Bank

ACCOUNT OPENING FORM
INDIVIDUAL

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 £ Others

THIS FORM SHOULD BE COMPLETED IN CAPITAL LETTERS. CHARACTERS AND MARKS SHOULD BE SIMILAR IN STYLE TO THE FOLLOWING

BRANCH _____ BRANCH CODE _____ ACCOUNT NUMBER _____

1. PERSONAL INFORMATION

AFFIX PASSPORT PHOTOGRAPH HERE

TITLE _____ GENDER ☐ MALE ☐ FEMALE

FIRST NAME _____ OTHER NAME _____

SURNAME _____

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

DATE OF BIRTH D D M M Y Y Y Y PLACE OF BIRTH _____

MOTHER'S MAIDEN NAME _____

NATIONALITY _____

DO YOU HAVE DUAL CITIZENSHIP? ☐ YES ☐ NO IF YES, PLEASE STATE SECOND NATIONALITY _____

RESIDENCY STATUS ☐ PERMANENT ☐ TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE) _____

PERMIT ISSUE DATE D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y

L.G.A _____ STATE OF ORIGIN _____

TAX IDENTIFICATION NUMBER (TIN) _____ PURPOSE OF ACCT _____

BANK VERIFICATION NO. (BVN) _____ NIN _____

2. CONTACT DETAILS

RESIDENTIAL ADDRESS _____

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 _____

NEAREST BUS STOP _____

PHONE NUMBER (1) _____ COUNTRY CODE NUMBER

PHONE NUMBER (2) _____ COUNTRY CODE NUMBER

E-MAIL ADDRESS _____

3. VALID MEANS OF IDENTIFICATION

ID TYPE ☐ INTERNATIONAL PASSPORT ☐ DRIVERS LICENCE ☐ NATIONAL ID CARD ☐ PERMANENT VOTER'S CARD ☐ OTHERS

IF OTHERS PLEASE _____

SPECIFY ID NUMBER _____

ID ISSUE DATE D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y

*PEOPLE IN PECULIARCIRCUMFERENCES ARTISANS,PETTY 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 ☐ OTHERS (SPECIFY) _____

ELECTRONIC BANKING PREFERENCES: ☐ INTERNETBANKING ☐ MOBILE BANKING ☐ ATM/POS ☐ OTHER ELECTRONIC CHANNELS (FEES MAY APPLY) SPECIFY

_____

TRANSACTION ALERT PREFERENCES: ☐ EMAIL ALERT (FREE) ☐ SMS ALERT (FEE APPLIES) ☐ MONTHLY OPENED

STATEMENT PREFERENCES: ☐ EMAIL ☐ POST ☐ COLLECTION AT BRANCH

STATEMENT FREQUENCY: ☐ MONTHLY ☐ QUARTERLY ☐ SEMI ANNUALLY ☐ ANNUALLY

CHEQUE BOOKREQUISITION: (FEES APPLIES) ☐ 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 _____

5. EMPLOYMENT DETAILS

EMPLOYMENT STATUS ☐ SALARIED EMPLOYMENT ☐ SELF-EMPLOYED ☐ RETIRED ☐ UNEMPLOYED ☐ STUDENT ☐ OTHER

IF OTHERS PLEASE SPECIFY _____

DATE OF EMPLOYMENT D D M M Y Y Y Y JOB TITLE _____

DEPOSIT / TRANSACTION RANGE ☐ Up to N50,000,000 ☐ N50,000,001- N150,000,000 ☐ N150,000,001-250,000,000

BUSINESS/EMPLOYER'S NAME ☐ N250,000,001- N500,000,000 ☐ N500,000,001and above

NATURE OF BUSINESS/ OCCUPATION

EMPLOYER'S ADDRESS _____

_____

_____

STREET NAME

_____

CITY/TOWN LOCAL GOVT. AREA

NEAREST BUS STOP _____

OFFICE PHONE NUMBER

STATE, COUNTRY

_____

COUNTRY CODE NUMBER FAX NUMBER COUNTRY CODE NUMBER

6. DETAILS OF NEXT OF KIN

TITLE _____ GENDER ☐ MALE ☐ FEMALE DATE OF BIRTH D D M M Y Y Y Y

FIRST NAME _____ OTHER NAME _____

SURNAME _____

RELATIONSHIP _____

MOBILE PHONE EMAIL ADDRESS _____

COUNTRY CODE NUMBER

NUMBER _____

HOUSE NUMBER STREET NAME

CONTACT ADDRESS _____

CITY/TOWN LOCAL GOVT. AREA

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

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 _____

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/Were quest 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

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21. 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 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 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.

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

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.

JOINT ACCOUNT HOLDERS

NAME	TELEPHONE	EMAIL ADDRESS	SIGNATURE

DATED THIS _____ DAY OF _____ 2_____

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

$	€	¥	£	Others

ACCOUNT NAME

ACCOUNT NUMBER

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

PHOTO

SIGNATURE DATE D D M M Y Y Y Y

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

PHOTO

SIGNATURE DATE D D M M Y Y Y Y

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		SIGNATURE		DATE	D D M M Y Y Y Y
NAME		SIGNATURE		DATE	D D M M Y Y Y Y
NAME		SIGNATURE		DATE	D D M M Y Y Y Y
NAME		SIGNATURE		DATE	D D M M Y Y Y Y
NAME		SIGNATURE		DATE	D D M M Y Y Y Y
NAME		SIGNATURE		DATE	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	
DATE		DATE	

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	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

.....

.....

.....

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

SIGNATURE DATE D D M M Y Y Y Y

NAME

SIGNATURE

CUSTOMER INTRODUCED BY DATE D D M M Y Y Y Y

RELATED ACCOUNT.

NATURE OF RELATIONSHIP

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

NAME

SIGNATURE DATE D D M M Y Y Y Y

NAME

SIGNATURE DATE D D M M Y Y Y Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

NAME

SIGNATURE

DATE D D M M Y Y Y Y

NAME

SIGNATURE

DATE D D M M Y Y Y Y

COMMENTS(S): (ADDRESS DESCRIPTION AND RESULT

FINDINGS)

D. ACCOUNT OPENNG AUTHORISED / APPROVED BY:

NAME

SIGNATURE

DATE D D M M Y Y Y Y

NAME

SIGNATURE

DATE D D M M Y Y Y Y

Reference Form

FBNQuest Merchant Bank

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)

_____ _____

An FBN Holdings Company

Reference Form

FBNQuest Merchant Bank

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 _____

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

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An FBN Holdings Company