



CORPORATE ACCOUNT OPENING FORM

PLEASE INDICATE THE BUSINESS CATEGORY AND TYPE OF ACCOUNT TO OPEN BY TICKING THE APPLICABLE BOX BELOW.

Category of Business Limited Liability Company Partnership Sole Proprietorship MDA School Others

Account Type (Please tick as appropriate) Current Fixed Deposit Domiciliary

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

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

BRANCH

ACCOUNT NO. (FOR OFFICIAL USE ONLY)

Personal Information

Company/Business Name

Certificate of Incorp./Reg. No. Date of Incorporation/ Registration (dd/mm/yyyy) / /

Jurisdiction of Incorp./Reg.

Type/Nature of Business

Sector/Industry

Operating Business Address 1

Operating Business Address 2

Corporate Business Address/ Registered Office (if different from above)

E-mail Address

Website (if any)

Phone No. 1

Phone No. 2

Tax ID No (TIN) (if available)

CRM No/Borrower's Code (where applicable)

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

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 the Stock Exchange? Yes No

c. If answer is yes to question (b), indicate which Stock Exchange and the Stock Symbol. _____

Account Service(s) Required (Pls tick as appropriate below)

Card Preferences: Verve Card MasterCard Visa Card Others(specify)

Electronic Banking Preferences: Internet Banking Mobile Banking ATM/PoS Others Electronic Channels (Fees may apply)

Transaction Alert Preferences: E-mail Alert (Free) SMS Alert (Fee applies)

Statement Preference E-mail Post Collection at Branch **Statement Frequency** Monthly Quarterly Semi-annually Annually

Cheque Book Requisition (Fees apply) Open Cheque Cross Cheque 25 Leaves 50 Leaves 100 Leaves

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes No

Cheque Confirmation Threshold

Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e. threshold above **N150,000.00**)

*In line with extant law and existing regulation



CORPORATE ACCOUNT OPENING FORM

Account Signatory's Detail

Title Mr. Mrs. Miss. Others (Pls specify)

Other Name

Mother's Maiden Name

Gender M F Nationality

ID No.

ID. Expiry Date / /

Occupation

Surname

First Name

Date of Birth / /

Means of ID

ID. Issue Date / /

Bank Verification No.

Position/Office of the Officer

Residential Address

House No. Street Name

Nearest Bus Stop/Landmark

City/Town L.G.A

State Status/Job Title

Mailing Address

Phone No. 1 Phone No. 2

E-mail Address

Class of Signatory Signature _____ Date / /

Title Mr. Mrs. Miss. Others (Pls specify)

Other Name

Mother's Maiden Name

Gender M F Nationality

ID No.

ID. Expiry Date / /

Occupation

Surname

First Name

Date of Birth / /

Means of ID

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Bank Verification No.

Position/Office of the Officer

Residential Address

Street No. Street Name

Nearest Bus Stop/Landmark

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State Status/Job Title

Mailing Address

Phone No. 1 Phone No. 2

E-mail Address

Class of Signatory Signature _____ Date / /



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Account Signatory's Detail

Title Mr. Mrs. Miss. Others (Pls specify)

Surname

Other Name

First Name

Mother's Maiden Name

Date of Birth (dd/mm/yyyy) / /

Gender M F Nationality

Means of ID

ID No.

ID Issue Date (dd/mm/yyyy) / /

ID Expiry Date (dd/mm/yyyy) / /

Bank Verification No.

Occupation

Position/Office of the Officer

Residential Address

House No.

Street Name

Nearest Bus Stop/Landmark

City/Town

L.G.A

State

Status/Job Title

Mailing Address

Phone No. 1

Phone No. 2

E-mail Address

Class of Signatory Signature _____ Date (dd/mm/yyyy) / /

Detail of the Directors' / Executives / Trustees / Promoter / Executors / Administrators / Principal Officers

1

Title Mr. Mrs. Miss. Others (Pls specify)

Surname

Other Name

First Name

Mother's Maiden Name

Date of Birth (dd/mm/yyyy) / /

Gender M F Nationality

Means of ID

ID No.

ID Issue Date (dd/mm/yyyy) / /

ID Expiry Date (dd/mm/yyyy) / /

Bank Verification No.

Occupation

Status or Job Title

Residential Address

House No.

Street Name

Nearest Bus Stop/Landmark

City/Town

L.G.A

State

Phone No. 1

Phone No. 2

E-mail Address



CORPORATE ACCOUNT OPENING FORM

Detail of the Directors' / Executives / Trustees / Promoter / Executors / Administrators / Principal Officers

2

Title Mr. Mrs. Miss. Others (Pls specify)

Surname Other Name

First Name Mother's Maiden Name

Date of Birth (dd/mm/yyyy) / / Gender M F Nationality

Means of ID ID No.

ID. Issue Date (dd/mm/yyyy) / / ID. Expiry Date (dd/mm/yyyy) / /

Bank Verification No. Occupation

Status or Job Title

Residential Address

House No. Street Name

Nearest Bus Stop/Landmark

City/Town L.G.A

State

Phone No. 1 Phone No. 2

E-mail Address

3

Title Mr. Mrs. Miss. Others (Pls specify)

Surname Other Name

First Name Mother's Maiden Name

Date of Birth (dd/mm/yyyy) / / Gender M F Nationality

Means of ID ID No.

ID. Issue Date (dd/mm/yyyy) / / ID. Expiry Date (dd/mm/yyyy) / /

Bank Verification No. Occupation

Status or Job Title

Residential Address

House No. Street Name

Nearest Bus Stop/Landmark

City/Town L.G.A

State

Phone No. 1 Phone No. 2

E-mail Address



CORPORATE ACCOUNT OPENING FORM

Details of Sole Proprietorship

Title Surname

First Name Other Name

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

Place of Birth Date of Birth (dd/mm/yyyy) / /

Mother's Maiden Name Nationality (Non-Nigerians Only)

Resident Permit No. ID No.

ID. Issue Date (dd/mm/yyyy) / / ID. Expiry Date (dd/mm/yyyy) / /

Bank Verification No. L.G.A.

State Tax ID No (TIN) (If available)

Occupation Status/Job Title

Residential Address

House No. Street Name

Nearest Bus Stop/Landmark

City/Town L.G.A.

State of Origin

Mailing Address

Phone No. 1 Phone No. 2

E-mail Address

Means of Identification

National ID Card National Driver's Licence Int'l Passport Valid INEC Voter's Card *Others (pls specify)

ID No. ID. Issue Date (dd/mm/yyyy) / /

Expiry Date (dd/mm/yyyy) / / Biometric ID No.

* People in particular circumstances - Artisans, Petty Traders, Students who maynot have the prescribed ID

Details of Next of Kin

Title Surname

Other Name First Name

Date of Birth (dd/mm/yyyy) / / Gender M F Relationship

Phone No. 1 Phone No. 2

E-mail

Contact Details

House No. Street Name

Nearest Bus Stop/Landmark City/Town

L.G.A. State



CORPORATE ACCOUNT OPENING FORM

Additional Details

Name of Affiliated Company/Body 1.

2.

3.

Parent Company's Country of Incorporation

Account Held with Other Banks by the Prospective Company/Partnership/Sole Partnership

S/N	Name & Address of Bank/Branch	Account Name	Account Number	Status (Active/Dormant)
1				
2				
3				
4				

Authority to Debit Account for Search Fee

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorise 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.

Authorized Signature of the Customer/Representative

Authorized Signature of the Customer/Representative

Date (dd/mm/yyyy) / /

Date (dd/mm/yyyy) / /

Letter of Indemnity

The Manager
Wema Bank Plc
54 Marina, Lagos

INDEMNITY FOR HONOURING INSTRUCTIONS SENT VIA ELECTRONIC MEANS

In consideration of you, Wema Bank Plc (hereinafter called the Bank) agreeing to honor my instructions, including funds transfer instructions and act upon any instruction, communications and documents sent by facsimile (fax), telephone, e-mail, letters issued according to my/our mandate as I/We may from time to time advise you in writing via e-mail name

.....while the following shall be my/our e-mail address

.....

I/We,with Account

No..... hereby confirm and declare that:

- The bank is authorized to accept and act upon any instructions, communications and documents sent electronically by facsimile (fax), telephone, e-mail and letters issued according to my/our mandate.
- I/We hereby irrevocably undertake to indemnify the bank and hold it harmless from and against all cost (including without limitation legal fees and expenses,

claims, losses, liabilities, damages and proceedings) whatsoever that the bank may suffer or incur or that may arise as a result of the bank's accepting or acting upon such instructions, communication or documents. Furthermore, I/We hereby irrevocably release the bank from all liability in the event that any telephone, email, facsimile transmission or letter is not received, or is mutilated, altered, illegible or interrupted, duplicated, incomplete, unauthorized, or delayed for any reason.

- In the event that I/We suffer any loss as a result of your honoring such instructions, communications, e-mail instruction, etc., I/ we shall have no claim or redress against you, whatsoever.
- I/We hereby agree to pay all fees and charges which the bank may impose from time to time in connection with these services in the manner stipulated by the bank.
- I/We agree that you may at any time without notice to me/us, set off or transfer any sum or sums standing to the credit of any one or more of my /our accounts with you in or towards the satisfaction of my/our liabilities to you arising out of your honoring the instructions on my/our behalf.
- I/We agree that if I/We fail to pay on demand any sum payable hereunder, that interest shall accrue thereon from the date of such demand until full liquidation at your Prime Lending Rate ruling at the time of call/demand.

Letter of Indemnity contd.

7. I/We agree that no delay or omission or granting of any indulgence on your part in exercising any right, power, privilege or remedy in respect of this indemnity shall be construed as a waiver thereof, nor shall any single or partial exercise of any other right, power, privilege or remedy preclude any further exercise of any right, power, privilege or remedy. The right powers, privileges or remedies provided in this indemnity are cumulative and not exclusive of any rights, powers, privileges or remedies provided by law.
8. It is not my/our intention that the instruction referred to above should be confirmed in writing or by telephone and I/we hereby ratify and confirm all that you shall do on my/our behalf by virtue of such instructions provided only that you acted in good faith.
9. The Bank shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, e-mail or letters or instructions received by telephone and/or to request verification of documents and instructions received by such means.
10. That all authorizations I/we have given and certified to the Bank as now governing the operation of my/our account(s) with the Bank are hereby confirmed to be in full force and effect, except as the same may be supplemental or modified by the foregoing part of this authorization.
11. That the Bank may continue to rely upon this authorization unless and except to the extent that it is revoked or modified by subsequent authorization from me/us and until a certified hard copy of such subsequent authorization has been received by the Bank in the branch where the account is domiciled, and a written acknowledgement of the revocation 'Sent to me/us'.

Dated thisday of 20.....

In the case of a corporate entity:

Signed, Sealed and Delivered by the within Named Customer:

Director

Secretary

In the case of a non-corporate entity:

Name: _____

Signature: _____

Date: _____

Witness by: _____

Board Resolution & Mandate

Pursuant to this application, a meeting of the Board of Directors of _____ (hereinafter referred to as "the Company") was held on the _____ day of _____ and it was resolved and declared that Wema Bank Plc (hereafter called "the Bank") is hereby authorized to:

- Open the account(s) indicated herein in our name now and at any time subsequently as we may direct.
- Honour all cheques or other instructions which may be drawn on the said account(s), provided such cheques or orders are signed by the person(s) whose signature(s) is / are contained in the signature / mandate card delivered to the Bank and to debit such account(s) cheques or orders to the said account whether such account(s) be, for the time being, in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to the Bank's right to refuse to allow overdraft or increase of overdraft in accordance to the signing instruction.
- To be bound by any notification of any changes in conditions governing the account directed to our last known address and any notice or letter sent to our last known address shall be considered as duly delivered and received three business days after dispatch of same by ordinary pre-paid post or on the date endorsed on the proof of delivery if delivered by courier services/hand.
- That no notice which may be given to the Bank by us shall be binding upon the Bank until it shall have been received by the Bank and sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means the Bank may deem it appropriate to notify the concerned/affected department offices, branches and correspondents.
- That any disagreement with entries on our Bank statements will be made in writing by us within 30days of dispatch of the statement, failing which it will be concluded that the statement as rendered is correct and same shall no longer be disputable, except in case of manifest errors.
- That if any entry is made in our account(s) in error, the Bank is entitled to dishonor cheques drawn upon such incorrect entry whether or not drawn in good faith and without any notice of error and whether the error has been corrected or not, and the Bank is entitled to reverse such incorrect entry without any liability on its part.
- That the Bank may at any time in its discretion close the account(s) and discharge all liabilities with respect to the account(s) by hand delivery or by mailing to us through courier services a Bank draft in the currency of the account without recourse to the Bank as a drawer, payable to our order in the amount of the then credit balance in the account(s) less fees, charges or commission to which the company may be entitled by law or by any agreement between us and the Bank together with such other documents, if any, as may be necessary in your sole discretion, to transfer to us.
- That the Bank will not be liable whatsoever for funds handed to members of staff outside banking hours or outside the Bank's premises
- That in addition to any general lien or right to which the Bank, as bankers, may be entitled by law, the Bank may at any time and without notice to us combine or consolidate all or any of our accounts without liability to you and set off or transfer any sum or sums standing to our credit in any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with the Bank or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.
- To indemnify the Bank against any loss, damages, expense, or claim that may be occasioned on the account(s) or by reasons of opening the said account(s) or by reason of the falsehood or inaccuracy of any statement information or misrepresentation made to the Bank except those losses, damages, expenses or claims directly resulting from the acts, defaults or gross negligence of the Bank.
- To indemnify the Bank against any loss, damage, fraud, or claims that occur from the use of any telephone number, fax number or email address supplied in this form or subsequently by me/us whether for the purpose of issuing instructions, receiving/ sending account information or indeed any transaction related to this account.
- To affirm and undertake that all the documents used in opening the account(s) are genuine and I/we will indemnify the Bank if at any time it is shown otherwise and I/we will be further liable for any wrong that may be occasioned thereby. This indemnity to you shall be continuing and shall not be withdrawn by me/us so long as we maintain the account with the Bank.
- That the operation of the account(s) is subject to laws and regulations at any time existing in the Federal Republic of Nigeria, and to be bound by the terms and conditions governing the operation of the account(s) as may be determined by the Bank from time to time.
- We declare that all the information given for the purpose of opening the account(s) is true and accurate, and certify that the above particulars are correct and agree that they and the information given herein form the basis of a banking relationship with Wema Bank Plc.
- Report any dud/returned cheques for three (3) consecutive times to Central Bank of Nigeria (CBN) and forward same to Economic and Financial Crimes Commission (EFCC).



CORPORATE ACCOUNT OPENING FORM

Board Resolution & Mandate contd.

S/N	Name	Title	Signature	Category
1				
2				
3				
4				
5				

Declaration

I/We hereby apply for the opening of account(s) with Wema Bank Plc. 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.

"In witness whereof, the common seal of _____ (Name of Company) is hereby affixed this _____ day of _____ 20_____

Director (Name & Signature)

Director/Secretary (Name & Signature)

Signed, Sealed & Delivered by the within Named Persons

Name

Status

Signature _____ Date (dd/mm/yyyy) / /

Name

Status

Signature _____

Date (dd/mm/yyyy) / /

Company Seal Here

In the presence of:

Name

Address

Occupation

Signature _____ Date (dd/mm/yyyy) / /

FOR BANK USE ONLY**1. REQUIREMENT CHECKLIST**

S/N	Document Required	Checked	Deferred	Waived	N/A
1	Duly completed Account Opening Form				
2	Specimen signature card duly completed				
3	Copy of CAC Certificate of Registration				
4	Copy of Memorandum & Article of Association (Certified as True Copy by the Registrar of Companies)				
5	a. Form C07 - Particulars of Directors				
6	b. Form C02 - Allotment of Shares				
7	Partnership Deed (where applicable)				
8	Board Resolution				
9	Approval Letter (for Government Agency)				
10	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
11	Act/Gazette (for Government Agency - where applicable)				
12	Introduction Letter (where applicable)				
13	Status Report from Banker (where applicable)				
14	Resident Permit (for Non-Nigeria)				
15	Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable)				
16.	Evidence of Registration with Special Control Unit of Money Laundering (SCUML) (where applicable)				
17	Search Report				
18	Power of Attorney (where applicable)				
19	Letter of Indemnity (where applicable)				
20	Proof of Company address				
21	Business Premises verification certificate				
22	Proof of identity of all signatories and directors/officers whose name appear on the account opening form/ document (preferred identity cards are Int'l passport, national identity card, national driver's licence 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/ document (preferred utility bills - certified true copy is acceptable if original is not held)				
24	Two satisfactorily completed reference forms				
25	Copy of the audited financial statement				
26	Others (please specify)				



CORPORATE ACCOUNT OPENING FORM

A. ACCOUNT OPENED BY

Name

Signature _____ Date / /

Name

Signature _____ Date / /

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

Name

Signature _____ Date / /

Name

Signature _____ Date / /

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature _____ Date / /

Name

Signature _____ Date / /

COMMENT(S) (Address description and result finding)

D. ACCOUNT OPENING AUTHORIZED/APPROVED BY

Name

Signature _____ Date / /

Name

Signature _____ Date / /

RCO's Name

Signature _____ Date / /