



Royal
Kiddies
ACCOUNT

Account Opening Form



WEMA BANK
RC 575



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RC 575

ROYAL KIDDIES ACCOUNT OPENING FORM

Account No.
To be filled by the Bank

AFFIX
RECENT CHILD'S
PASSPORT PHOTO

AFFIX RECENT
PARENT'S /GUARDIAN'S
PASSPORT PHOTO

GUIDELINES

Thank you for choosing Wema Bank Plc. Please fill in all the required information below. We will also require:

1. One (1) completed Mandate Card (enclosed)
2. Two (2) passport photograph (for parent/guardian & child/ward and Alternate Administrator)
3. Evidence of Birth/Birth Certificate of the beneficiary (child)
4. Identification (Driver's Licence, International Passport or National ID) of parent and alternate administrator
5. Utility bill (electricity, water, telephone, etc.) showing parent residential address

CHILD'S INFORMATION (CUSTOMER)

Title: Master Miss. Child's Name _____
Surname First name Middle Name

Gender (Pls tick) Male Female Date of Birth / / Nationality _____

Place of Birth _____ School's Name _____

School's Address _____

PARENT'S/GUARDIAN'S INFORMATION

Title: Mr. Mrs. Name _____
Surname First name Middle Name

Residential Address _____

Area/City _____ Local Govt. _____ State _____

Nearest Bus Stop _____ Accommodation Type: Owned Rented

Others (specify) _____ Number of Year(s) at Present Residence

Mailing Address _____
(If different from the above address)

Occupation _____ e-Mail Address _____

Mobile Phone _____ Home Phone _____ Office Phone _____

Gender (Pls tick) Male Female Date of Birth / / Nationality _____

State of Origin _____ Local Govt. _____ Town/City _____

Means of Identification Driver's Licence International Passport Others (Pls specify) _____

ID Number _____ Date Issued / / Expiry Date / /

Relationship with Child _____

FOR FOREIGNERS:

Residence Permit No. _____

Issue Date: / /

Expiry Date: / /

ROYAL KIDDIES ACCOUNT OPENING FORM



NEXT OF KIN

Title: Mr. Mrs. Name _____
Surname First name Middle Name

Relationship with Child _____

Date of Birth / / Nationality _____

Mobile Phone _____ Home Phone _____ Office Phone _____

Contact Address _____

ALTERNATE ADMINISTRATOR'S INFORMATION

Title: Mr. Mrs.

Name _____
Surname First name Middle Name

Residential Address _____

Area/City _____ Local Govt. _____ State _____

Mailing Address _____
(If different from the above address)

Occupation _____ e-Mail _____

Mobile Phone _____ Home Phone _____ Office Phone _____

Gender (Pls tick) Male Female Date of Birth / / Nationality _____

State of Origin _____ Local Govt. _____ Town/City _____ Place of Birth _____

Means of Identification: Driver's Licence International Passport Others (Pls specify) _____

ID Number _____ Date Issued / / Expiry Date / /

Relationship with Child _____



ACCOUNT INTRODUCED BY (FOR OFFICIAL USE ONLY)

Bank Official Walk In Customer Referral _____

DOCUMENTATION CHECKED (FOR OFFICIAL USE ONLY)

I confirm that all documents received for opening the account have been reviewed and found to be in order.

Introducing Officer: _____
RELATIONSHIP OFFICER /ACCOUNT INTRODUCER

Signature & Date: _____

Reviewing Officer: _____
CUSTOMER CARE OFFICER

Signature & Date: _____

Authorising Officer: _____
BRANCH SERVICE MANAGER

Signature & Date: _____

PROCESSING UNIT

Officer: _____
TRANSACTION SERVICE - CUSTOMER SERVICE

Signature & Date: _____

INTERNAL CONTROL

Officer (RCO): _____

Signature & Date: _____

Individual Account Mandate
To Wema Bank Plc

1. I hereby request and authorise you to open a savings account in the name of my child/ward while I shall serve as administrator and will be responsible for the operation of the account until the child reaches the age of 18 years after maturity when he/she can elect to upgrade the account.
2. I undertake to run the account for and on behalf of the account holder in his/her best interest and the account holder shall not have recourse to the bank for any act or omission on the account, on my part during the period of my administration.
3. I/We hereby request and authorise you to honour all instructions which may be drawn on the said account whether such account is for the time being in credit or overdrawn or may become overdrawn in consequence of such debit provided such instructions are without prejudice to your right to refuse to allow any overdraft on the said account and in consideration of this, I/we agree:
 - (a) To assume full responsibility for the genuineness, correctness and validity of endorsements appearing on all and other documents deposited in my/our account(s).
 - (b) To be bound by the Bank's rules for the conduct of the account(s) receipt of which I/we hereby acknowledge.
 - (c) To free the Bank from any responsibility or liability for any loss or damage to funds deposited with the Bank due to any future government order, law, levy, tax, embargo, or such other causes beyond the Bank's control.
 - (d) That all funds standing to my/our credit are payable only in the account currency as may be in circulation.
 - (e) To be bound by any notification of change in conditions governing the account(s) or information relating thereto, directed to my/our last known address and any mail sent to my last known address shall be considered as duly delivered and received by me/us at the time it is delivered at the last known address.
 - (f) That the bank will accept no responsibility or liability whatsoever for funds handed to members of staff outside banking hours or outside the Bank's premises.
 - (g) That the Bank's statement(s) on my/our account(s) shall be sent to the e-mail address indicated overleaf and from time to time such other information relevant to the account may be sent to the mobile telephone number indicated overleaf.
 - (h) That interest will be paid on deposits in my/our savings account(s) at the Bank's ruling rates and subject to prevailing conditions.
 - (i) That any change in my/our particulars indicated overleaf shall immediately be communicated to Wema Bank Plc through any of the branches.
 - (j) Not to use account(s) as a medium to convert funds belonging to other persons.
 - (k) That if cheque credited to my/our account(s) is returned dishonoured; you may notify me/us through my/our telephone numbers or e-mail.
 - (l) That my/our attention has been drawn to the necessity of safeguarding my/our debit/credit card, other bank's instruments, personal identification numbers (PIN) and code so that unauthorised persons are unable to gain access to them and to the fact that neglect of this precaution may be grounds for any consequential loss being charged to my account.
 - (m) That in addition to any general lien or similar right to which you as bankers may be entitled by law you may at any time and without notice to me/us combine or consolidate all or any of my/our accounts without any liabilities to you and to set off/ transfer any sum or sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to me/us towards the satisfaction of any of my/our liabilities to any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

(n) To comply with all rules and regulations issued by the bank governing the use of electronic banking services which the bank may from time to time offer and provide to me/us, in order to ensure banking convenience.

4. Honour all on-line instructions to transfer funds from the said account to another account held by me/us or any other person in Wema Bank Plc. or to make payment for services without prejudice to your right to refuse to allow any overdraft or increase in overdraft and without liability to you for such transfer.
5. Enter into a life assurance agreement on my/our behalf and honour the insurance premium obligation as part of the benefits of opening this account.

Parent/Guardian

Signature & Date

CONDITIONS PRECEDENT TO INSURANCE COVER

1. The account holder shall be eligible to insurance claims of 10 times account balance as at the date of death arising from accident or permanent disability arising from accident of the administrator. Insurance pay-out is subject to the degree of disability.
2. The alternate administrator shall assume the position and responsibilities of the administrator in the event of death or permanent disability of the administrator.
3. Insurance claim can only be made once on the account.
4. To maintain this life assurance benefit, with the understanding that this policy does not apply to bodily injury whether fatal or non-fatal or blindness directly or indirectly caused by or resulting from or traceable to:
 - (a) An accident happening when the Administrator is under the influence of intoxicating liquor or of a drug (unless administered under the orders of a hospital or a qualified medical practitioner) or is in a state of insanity: or
 - (b) The Administrator being affected (Temporarily or otherwise) by alcohol drugs or insanity:
 - (c) Suicide or attempted suicide, war, invasion, act of foreign enemy hostilities (whether war be declared or not) Civil-war, rebellion, riot, civil commotion, revolution, insurrection or military or usurped power.
 - (d) The Administrator playing football for or against professional clubs polo or motorcycling (whether as driver or passenger) or mountaineering (with the use of ropes or guides) skiing skijoring tobogganing bob-sleighting hinting or participating in speed or duration test or races of any kind (other than athletics) or:
 - (e) Child bearing or other physical causes peculiar to the female sex.
 - (f) Air travel (other than as a fare-paying passenger by a regular schedule Air-line Service)
 - (g) Any Administrator involved in any form of military exercises

The above terms and conditions are hereby acceptable to us:

Administrator

Signature/Date

Alternate Administrator

Signature/Date