



UAC House (5th – 8th Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2
Port-Harcourt Office: 2nd Floor, Afribank Building, 5 Trans Amadi Road, Port–Harcourt. Tel: 234-84-463308, 234-8024081331
Abuja Office: Orji Uzor Kalu (Abia State) House, Plot 979, 1st Avenue, Off Ahmadu Bello Way, Cadastral Zone AO, Central
Business District, Abuja. Tel: 234-9-6700535, 234-9-8700465. **Help Desk 234-1-2702885-6**
 URL: www.fsdhgroup.com

ACCOUNT OPENING FORM FOR ADDITIONAL ACCOUNT- CORPORATE

Account type (Please indicate the type of account you want to open by ticking in the box below)

Current Account Fixed Deposit/Investment Account Domiciliary Account

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

ACCOUNT No (for official use only)

<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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Company Name: _____

Operating business Address: _____

Corporate business Address/Registered office (if different from above): _____

Date of Reg. / Inc: _____ Place of Registration/Incorporation: _____

Reg./Inc Number: _____ Nature of Business: _____

Telephone Number(s): _____ Telefax Number(s): _____

Mobile Number(s): _____ Email: _____

Contact Name: _____ Estimated annual vol. of transaction ₦ _____

ANNUAL TURNOVER

N5 Billion Above N4.99Billion-N500Million N499.9Million-N50Million N49.9Million Below

Is your Company Quoted On the Stock Exchange? Yes No

ACCOUNT SERVICE(S) REQUIRED (Please tick options)

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

Statement Preferences: Email Post Pickup/Hold Frequency: Monthly Quarterly Semi Annually



ACCOUNT SIGNATORY'S DETAILS

1. Name of Signatory: _____
Surname First Name Middle Name
Date of Birth: _____ Mother's maiden Name: _____ Gender: F M
Nationality: _____ Residence Permit No (for non Nigerians) _____
Means of Identification: _____ Identification No: _____
Place of issuance: _____ Issue Date: _____ Expiry Date: _____
Occupation: _____ Job Title: _____
Residential Address: _____

Mobile Number: _____ Email: _____
Signatory Class: Signature _____ Date: _____

2. Name of Signatory: _____
Surname First Name Middle Name
Date of Birth: _____ Mother's maiden Name: _____ Gender: F M
Nationality: _____ Residence Permit No (for non Nigerians) _____
Means of Identification: _____ Identification No: _____
Place of issuance: _____ Issue Date: _____ Expiry Date: _____
Occupation: _____ Job Title: _____
Residential Address: _____

Mobile Number: _____ Email: _____
Signatory Class: Signature _____ Date: _____

3. Name of Signatory: _____
Surname First Name Middle Name
Date of Birth: _____ Mother's maiden Name: _____ Gender: F M
Nationality: _____ Residence Permit No (for non Nigerians) _____
Means of Identification: _____ Identification No: _____
Place of issuance: _____ Issue Date: _____ Expiry Date: _____
Occupation: _____ Job Title: _____
Residential Address: _____

Mobile Number: _____ Email: _____
Signatory Class: Signature _____ Date: _____



CORPORATE/BOARD RESOLUTION

We hereby certify that the Board of Directors of (a) _____
 at a meeting of the Board held on the (b) _____
 at (c) _____

passed the following resolution which was recorded in the Minute Book of the Company:

RESOLVED

- (I) That a/an Account for the Company be opened with FSDH MERCHANT BANK LIMITED of UAC House, 5th-8th Floors, 1/5, Odunlami Street, Lagos.
- (II) That FSDH MERCHANT BANK LIMITED is hereby instructed and requested to honour and pay all orders, cheques, bills of exchange, promissory notes and negotiable instruments expressed to be made, issued, drawn or accepted on behalf of the Company and drawn upon or made payable, provided such documents are signed by:

(d) _____

Signing Instructions: _____

- (III) That FSDH Merchant Bank Limited is hereby requested and authorized to act on any instructions with regard to any transactions of the Company provided they are signed in the manner provided for in paragraph (ii) of this resolution.
- (IV) That FSDH Merchant Bank Limited has been supplied with a copy of the Memorandum and Articles of Association of the Company and a list of the names and signatures of the Directors, Secretary and other officers and authorized officials in the Company.
- (V) That this resolution be communicated to FSDH MERCHANT BANK LIMITED and remain effective until duly rescinded and or modified by a subsequent resolution passed by the Board of Directors, a certified copy of which, signed by the Chairman and the Secretary, shall be communicated to FSDH MERCHANT BANK LIMITED.

Chairman: _____

Secretary: _____

Notes: (a) Name of Company (b) Date of Meeting (c) Venue of Meeting (d) Mandate for operation of account.



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Company _____

Address _____

Date: _____

To: FSDH MERCHANT BANK LIMITED
 UAC House, 5th - 8th Floors
 1/5, Odunlami Street,
 Lagos

LETTER OF SET-OFF

In consideration of your giving me/us financial accommodation and other facilities, I/we agree that in addition to any other general lien or similar right to which you as financiers may be entitled by law, that you may at any time and without notice to me/us combine or consolidate all or any of my/our investments with and liabilities to you and set-off or transfer any sum or sums standing to the credit of any one or more of such investments in or towards satisfaction of any of my/our liabilities to you on any other facilities or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signatory

Name:

Designation:

Date:

Authorized Signatory

Name:

Designation:

Date:



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REFERENCE

Date: _____

The Manager

Re: Name of Applicant : _____

Name of Bank : _____

Branch/Address : _____

Account Number: _____

Authorized Signatory/ies:

(Include sample signature) (1) -----

(2) -----

The above-named person/company has indicated his/her/their willingness to transact business with us and has given your name as his/her/their bankers.

We should be grateful if you would confirm, in confidence that the applicant is known to you and is a person/company to whom our services may be extended.

In your reply, kindly complete the form below.

Yours faithfully,

FSDH MERCHANT BANK LIMITED

1.	Operates an Account?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Length of relationship (Please indicate number of years)		
3.	Type of Account maintained		
4.	Performance	Active <input type="checkbox"/>	Dormant <input type="checkbox"/>

Other Comments: _____

Sign: _____



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PRIVATE & CONFIDENTIAL

Date: _____

The Manager,

Dear Sir/Madam,

RE: _____

The above named person/company has called at this office for the purpose of opening Account and has given your name as a referee.

We would be grateful if you confirm, in confidence, that the applicant is known to you and is a person/company the usual banking facilities may be safely extended to.

We would want your reply to include the name and address of the bank with which you maintain a Current Account.

Yours faithfully,
FSDH MERCHANT BANK LIMITED

The Manager
 FSDH MERCHANT BANK LIMITED

Dear Sir,

I/We wish to introduce the above-named person/company who desires to open Account with you.

I/We have known the above-named person for _____ and I/We comment as follows:
 (period)

My/Our current account is/are maintained with: _____
 (Name & Address of Bank)

Yours faithfully,

 NAME IN BLOCK LETTERS

 SIGNATURE

FOR BANK USE ONLY

A. DOCUMENTATION 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 certificate of incorporation				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (Certified as true copy by the Registrar of Company)				
6.	Form CO7 – Particulars of Directors				
7.	Form CO2 – Allotment of shares				
8.	Partnership Deed				
9.	Approval letter (for Government agency)				
10.	Gazette (for Government agency)				
11.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
12.	Introduction letter with two (2) passport sized photographs of contact person or authorized agent				
13.	Status report from Banker (where Applicable)				
14.	Resident Permit (for non-Nigerian)				
15.	Evidence of Registration with NIPC				
16.	Search Report				
17.	Power of Attorney				
18.	Letter of indemnity				
19.	Proof of address				
20.	Business Premises visitation certificate				
21.	Proof of identity of all signatories and directors				
22.	Proof of address of all Signatories and Directors: Utility bill (Certified true copy is accepted if original is not available)				
23.					
24.					
25.					
26.					
27.					
28.					
29.					



FOR BANK USE ONLY

I ACCOUNT OPENED BY:

1. Name: _____
Surname First Name Middle Name

Signature _____ Date _____

2. Name: _____
Surname First Name Middle Name

Signature _____ Date _____

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

1. Name: _____
Surname First Name Middle Name

Signature _____ Date _____

2. Name: _____
Surname First Name Middle Name

Signature _____ Date _____

III ADDRESS VERIFICATION CARRIED OUT BY:

1. Name: _____
Surname First Name Middle Name

Signature _____ Date _____

2. Name: _____
Surname First Name Middle Name

Signature _____ Date _____

Comment (s) _____

IV ACCOUNT OPENING APPROVED BY:

1. Name: _____
Surname First Name Middle Name

Signature _____ Date _____

2. Name: _____
Surname First Name Middle Name

Signature _____ Date _____