



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 - INDIVIDUAL

Affix
Passport
Photograph
here

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

Investment Account Joint Account Domiciliary Account

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

ACCOUNT No (for official use only)

This form must be completed in CAPITAL LETTER

Name of customer(s): _____

Surname
First Name
Middle Name

Marital Status (please tick) Single Married Others (please specify) Gender: F M

Nationality: _____ Residence Permit No (for non Nigerians) _____

Date of Birth: _____ Mother's maiden Name: _____

State of Origin: _____ LGA: _____

Tax identification Number (TIN) _____

CONTACT DETAILS

Residential Address: Street Number _____ Street Name _____

City/Town: _____

Landmarks: _____

Phone Number (1): _____ Phone Number (2): _____

E-mail Address: _____

Correspondence Address: (if different from above) _____

Residential Telephone Numbers(s) _____

Occupation: _____ Estimated annual vol. of transaction N _____
(Please choose from the list provided by the NFIU)

MEANS OF IDENTIFICATION

National ID Card National Driver's license International Passport Others (please specify)

Identification No: _____ Issue Date: _____ Expiry Date: _____

ACCOUNT SERVICE(S) REQUIRED (Please tick options)

Internet Banking Preferences: Internet Banking Internet Banking Token (Fee applies)

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

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



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EMPLOYMENT DETAILS

Employed Self Employed Retired Students Others (please specify)

Date of Employment: _____

Employer's Name: _____

Employer's Address:

Street Number _____ Street Name _____

City/Town: _____

Nearest Bus Stop: _____

Nature of business/Ocupation _____

Office Phone Number: _____ Fax Number: _____

DETAILS OF NEXT OF KIN

Name: _____
Surname First Name Middle Name

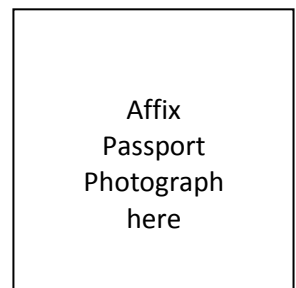
Relationship: _____ Mobile Number: _____

E-mail Address: _____

Contact Details Street Number _____ Street Name _____

City/Town: _____

Nearest Bus Stop: _____



PERSONAL INFORMATION FOR SECOND OR JOINT CUSTOMER

Name of Customer: _____
Surname First Name Middle Name

Marital Status (please tick) Single Married Others (please specify) Gender: F M

Nationality: _____ Residence Permit No (for non Nigerians) _____

Date of Birth: _____ Mother's maiden Name: _____

State of Origin: _____ LGA: _____

Tax identification Number (TIN) _____



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CONTACT DETAILS

Residential Address: *Street Number* _____ *Street Name* _____

City/Town: _____

Landmarks: _____

Phone Number (1): _____ Phone Number (2): _____

E-mail Address: _____

Correspondence Address: (if different from above) _____

_____ Residential Telephone Numbers(s) _____

Occupation: _____

(Please choose from the list provided by the NFIU)

MEANS OF IDENTIFICATION

National ID Card National Driver's license International Passport Others (please specify)

Identification No: _____ Issue Date: _____ Expiry Date: _____

EMPLOYMENT DETAILS

Employed Self Employed Retired Students Others (please specify)

Date of Employment: _____

Employer's Name: _____

Employer's Address:

Street Number _____ *Street Name* _____

City/Town: _____

Nearest Bus Stop: _____

Nature of business/Ocupation _____

Office Phone Number: _____ Fax Number: _____

DETAILS OF NEXT OF KIN

Name: _____
Surname First Name Middle Name

Relationship: _____ Mobile Number: _____

E-mail Address: _____

Contact Details *Street Number* _____ *Street Name* _____

City/Town: _____

Nearest Bus Stop: _____



ADDITIONAL DETAILS

Educational Qualification _____ Certification Date _____

Name of Beneficial Owner: _____

Spouse's Name _____

Spouse Date of Birth _____

Sources of fund to the Account _____

Sources of Wealth of the Account holder (acquired/inherited) _____

Name of Children

S/N	NAME	DATE OF BIRTH (DD/MM/YYYY)	

Name of associated Business (es):

1. _____
2. _____
3. _____

Type of business _____

Business Address: _____

DETAILS OF ACCOUNT HELD WITH OTHER BANKS:

1. Name and address of Bank/Branch: _____

Account Name: _____ Account Number: _____

Date Account opened: _____ Account Status (Active/Dormant): _____

2. Name and address of Bank/Branch: _____

Account Name: _____ Account Number: _____

Date Account opened: _____ Account Status (Active/Dormant): _____

3. Name and address of Bank/Branch: _____

Account Name: _____ Account Number: _____

Date Account opened: _____ Account Status (Active/Dormant): _____

4. Name and address of Bank/Branch: _____

Account Name: _____ Account Number: _____

Date Account opened: _____ Account Status (Active/Dormant): _____



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DECLARATION

I/we hereby apply for the opening of account(s) with FSDH Merchant Bank Limited. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/we therefore declare that such information is correct.

I/We have read the terms and conditions governing the operations of the account(s) which are presented overleaf and agreed to be bound by them.

Name: _____ Signature _____ Date: _____

ACCOUNT No (for official use only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DOCUMENTATION CHECKLIST (FOR BANK USE ONLY):

Investment Account

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Account opening form duly completed			
2.	Specimen signature card duly completed			
3.	Three (3) recent passport photographs			
4.	Bank reference			
5.	Proof of identity, International passport, Driver's license, National ID card, Voters card (original must be sighted)			
6.	Proof of address: utility bill (certified true copy is acceptable if original is not held)			
7.	Letter from employer/ School/ NYSC (for salary account and or student only)			
8.				

Domiciliary Account

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Account opening form duly completed			
2.	Specimen signature card duly completed			
3.	Three (3) recent passport photographs			
4.	Bank reference			
5.	Proof of identity, International passport, Driver's license, National ID card, Voters card (original must be sighted)			
6.	Proof of address: utility bill (certified true copy is acceptable if original is not held)			
7.	Letter from employer (for salary account only)			
8.	Residence Permit (for non-Nigerians)			
9.	Other Document(s) provided			

AUTHENTICATION FOR FINANCIAL INCLUSION:

- i. Is the customer socially or financially disadvantaged? Yes No
- ii. If answer to the question (i) above is yes, state other documents obtained in line with the bank's policy on socially/financially disadvantaged customer in compliance with paragraph 2.6.1.5.8 of AML/CFT Regulation, 2009

iii. What is the customer risk classification? Low risk Medium risk High risk

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS:

Is the applicant a politically exposed person? Yes No



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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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Our Ref. Investment Account

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 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



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THIRD PARTY IDENTIFICATION FORM

Re: Mr. /Mrs. / Miss: _____

I, _____, hereby confirm that the above named person is known to me for over _____ years. He/she is a fit and proper person to maintain an investment account in your organization.

My particulars are as follows:

Type of Identification: _____ Identification Number: _____

(International passport or Drivers License or National ID card)

Place of Issue: _____ Issue Date: _____ Expiry Date: _____

Issuing Authority: _____ Mother's Maiden Name: _____

Present Occupation: _____

(Please choose from the list provided by the NFIU)

Residential Address:

Street Number and Name _____

_____ Town _____

Local Government Area: _____ State _____ ZIP Code: _____

 SIGNATURE AND DATE