



**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floor), 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](http://www.fsdhgroup.com)

**INFORMATION UPDATE - CORPORATE**

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

Settlement 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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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: \_\_\_\_\_ Expected 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

Name of 2 directors/ (please note that identification documents have to be submitted in respect of the directors)

i. \_\_\_\_\_

ii. \_\_\_\_\_



**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floor), 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](http://www.fsdhgroup.com)

### DETAILS OF KEY CONTACT PERSONS/PRINCIPAL OFFICERS

1. Name of Officer: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_  
Type of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Issuing Authority: \_\_\_\_\_ Tax identification Number (TIN) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name of Officer: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_  
Type of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Issuing Authority: \_\_\_\_\_ Tax identification Number (TIN) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name of Officer: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_  
Type of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Issuing Authority: \_\_\_\_\_ Tax identification Number (TIN) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_



**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: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature 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: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature 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: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

---



**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floor), 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](http://www.fsdhgroup.com)

**ACCOUNT SIGNATORY'S DETAILS** *continue.....*

4. 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: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

5. 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: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

6. 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: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_



## DIRECTORS DETAILS

1. Name of Director: \_\_\_\_\_  
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: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

2. Name of Director: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerian) \_\_\_\_\_  
Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

3. Name of Director: \_\_\_\_\_  
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: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_