



UAC House (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
 Port-Harcourt Office: 2<sup>nd</sup> Floor, Mainstreet Bank Building, 5 Trans Amadi Road, Port-Harcourt. Tel: 234-84-463308, 234-8024081331. Abuja Office: Leadway House; Plot 1061, Herbert Macaulay Way, Central Business District, Abuja. Tel: 234-9-2918821. Help Desk 234-1-2702885-6  
 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

**ACCOUNT OPENING FORM – SOLE PROPRIETORSHIP/PARTNERSHIP/BN**

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)

Business Name: \_\_\_\_\_

Operating business Address: \_\_\_\_\_

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

**PERSONAL INFORMATION OF THE OWNER/PRINCIPAL PARTNER**

Name: \_\_\_\_\_  
 Surname First Name Middle Name

Title: \_\_\_\_\_ Tax identification Number (TIN): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status (Please tick): Single  Married  Other (Specify)

Mother's maiden Name: \_\_\_\_\_ Gender: F  M

Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_

State of Origin: \_\_\_\_\_ LGA:- \_\_\_\_\_ BVN \_\_\_\_\_

**CONTACT DETAILS OF THE OWNER/PRINCIPAL PARTNER**

Residential Address: Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

City/Town: \_\_\_\_\_

Landmarks: \_\_\_\_\_

Phone Number (1): \_\_\_\_\_ Phone Number (2): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**MEANS OF IDENTIFICATION**

National ID card  National Driver's License  International Passport  Other (specify)

ID No. \_\_\_\_\_ ID issue Date: \_\_\_\_\_ ID Expiry Date \_\_\_\_\_

**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



## PARTNERS' 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: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
BVN \_\_\_\_\_ 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: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
BVN \_\_\_\_\_ 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: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
BVN \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

---

**DETAILS OF NEXT OF KIN** (For sole proprietorship)

1. Name: \_\_\_\_\_  
   Surname    First Name    Middle Name  
 Relationship: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ BVN \_\_\_\_\_  
**Contact Details** Street Number \_\_\_\_\_ Street Name \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Landmarks: \_\_\_\_\_
2. Name: \_\_\_\_\_  
   Surname    First Name    Middle Name  
 Relationship: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ BVN \_\_\_\_\_  
**Contact Details** Street Number \_\_\_\_\_ Street Name \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Landmarks: \_\_\_\_\_

**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: \_\_\_\_\_  
 \_\_\_\_\_ BVN \_\_\_\_\_  
 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: \_\_\_\_\_  
 \_\_\_\_\_ BVN \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_



**ACCOUNT SIGNATORY'S DETAILS** *continued.....*

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: \_\_\_\_\_  
 \_\_\_\_\_ **BVN** \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ **BVN** \_\_\_\_\_

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: \_\_\_\_\_

Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ **BVN** \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_



**A. Name of affiliated company/Body:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**B. 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): \_\_\_\_\_

**C. OWNER'S BANK ACCOUNT DETAILS:**

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): \_\_\_\_\_



**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
**Port-Harcourt Office:** 2<sup>nd</sup> Floor, Mainstreet Bank Building, 5 Trans Amadi Road, Port-Harcourt. Tel: 234-84-463308, 234-8024081331. **Abuja Office:** Leadway House; Plot 1061, Herbert Macaulay Way, Central Business District, Abuja. Tel: 234-9-2918821. **Help Desk** 234-1-2702885-6  
 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

**D. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE:**

Company \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

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

**AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE**

We hereby authorize you to debit our account with the sum of \_\_\_\_\_  
 \_\_\_\_\_ being the legal cost of search  
 conducted on our account at the Corporate Affairs Commission.

Thank you.

Yours faithfully

**Authorized Signatory**

**Name:**

**Designation:**

**Date:**

**Authorized Signatory**

**Name:**

**Designation:**

**Date:**



**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
**Port-Harcourt Office:** 2<sup>nd</sup> Floor, Mainstreet Bank Building, 5 Trans Amadi Road, Port-Harcourt. Tel: 234-84-463308, 234-8024081331. **Abuja Office:** Leadway House; Plot 1061, Herbert Macaulay Way, Central Business District, Abuja. Tel: 234-9-2918821. **Help Desk** 234-1-2702885-6  
 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

**To: FSDH MERCHANT BANK LIMITED**

We hereby request you to open ..... Account in the name of the afore-mentioned entity and authorize you to honour all instructions and dispositions relating to the account signed by the authorised signing officials in accordance with the resolution of the Board of Directors/Trustees, a certified copy of which is attached hereto. Please also find enclosed herewith:

- i) Certificate of Incorporation of the Entity or (as appropriate) Certificate evidencing Change of Name of Company or Certificate of Registration for inspection and return.
- ii) Specimen Signatures of the Directors, Secretary and/or other signing officials.

We agree that the set-off conditions received and signed by us shall apply as expressly set out therein, and we hereby declare that the information given is correct and is the basis for the opening of the Investment Account.

Yours faithfully,

**Authorised Signatories:** \_\_\_\_\_  
*For and on behalf of (Company Name & Seal)*

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorised Signatories:** \_\_\_\_\_  
*For and on behalf of (Company Name & Seal)*

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

Remarks: \_\_\_\_\_

Linked/ Connected Account: \_\_\_\_\_ Nature of Link: \_\_\_\_\_

Relationship Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that under the Guidelines for the Licensing, Operation and Regulation of Credit Bureaus in Nigeria ("the Guidelines") issued by the Central Bank of Nigeria in October 2008, we are required to provide to licensed credit bureaus with whom we have executed data exchange agreements such of your personal, credit history and other information as may be required by the credit bureaus from time to time.*



### 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, 5<sup>th</sup>-8<sup>th</sup> 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.





**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
**Port-Harcourt Office:** 2<sup>nd</sup> Floor, Mainstreet Bank Building, 5 Trans Amadi Road, Port-Harcourt. Tel: 234-84-463308, 234-8024081331. **Abuja Office:** Leadway House; Plot 1061, Herbert Macaulay Way, Central Business District, Abuja. Tel: 234-9-2918821. **Help Desk** 234-1-2702885-6  
 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

Company \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

**To: FSDH MERCHANT BANK LIMITED**  
 UAC House, 5<sup>th</sup> - 8<sup>th</sup> 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:**

## FOR BANK USE ONLY

### E. DOCUMENTATION CHECKLIST:

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	NOT APPLICABLE
1.	Account opening form duly completed			
2.	Specimen signature (mandate) card duly completed			
3.	Copy of certificate of incorporation/ registration			
4.	Board Resolution (where applicable)			
5.	Copy of Memorandum and Article of Association (Certified as true copy by the Registrar of Company)			
6.	Form CAC/BN/1 (Registration of business name)/ Memorandum for Guidance of Application (Trustees details for Incorporated Trustees)			
7.	Constitution (for Incorporated Trustees and Associations)			
8.	Form CAC 7 – Particulars of Directors			
9.	Form CAC 2 – Allotment of shares			
10.	Partnership Deed (for partnership business)			
11.	Approval letter (for Government agency)			
12.	Gazette (for Government agency)			
13.	Introduction letter with two (2) passport sized photographs of contact person or authorized agent (for Government agency)			
14.	Two (2) passport sized photographs of each signatory to the account with name and signature written on the reverse side			
15.	Resident Permit (for non-Nigerian)			
16.	Evidence of Registration with NIPC			
17.	Search Report			
18.	Power of Attorney			
19.	Letter of indemnity (for e-mail and Telephone instructions / third party cheques)			
20.	Proof of address (Individual account)			
21.	Acceptable means of ID (Directors, Signatories, Shareholders & Beneficial Owners)			
22.	Tax Identification Number –TIN (where applicable)			
23.	Bank Verification Number –BVN (for all the Signatories)			
24.	Home / Business Premises visitation report			
25.	Proof of address for all signatories and directors:			
	i) Utility Bill ii) Visitation Report			
26.	Two 3 <sup>rd</sup> Party Reference Forms			
27.	SCUML Certificate (where applicable)			



**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
**Port-Harcourt Office:** 2<sup>nd</sup> Floor, Mainstreet Bank Building, 5 Trans Amadi Road, Port-Harcourt. Tel: 234-84-463308, 234-8024081331. **Abuja Office:** Leadway House; Plot 1061, Herbert Macaulay Way, Central Business District, Abuja. Tel: 234-9-2918821. **Help Desk** 234-1-2702885-6  
URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

**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 \_\_\_\_\_



**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
**Port-Harcourt Office:** 2<sup>nd</sup> Floor, Mainstreet Bank Building, 5 Trans Amadi Road, Port-Harcourt. Tel: 234-84-463308, 234-8024081331. **Abuja Office:** Leadway House; Plot 1061, Herbert Macaulay Way, Central Business District, Abuja. Tel: 234-9-2918821. **Help Desk** 234-1-2702885-6  
 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

The Manager  
 FSDH Merchant Bank Limited

**REFERENCE FORM**

Dear Sir,

**NAME OF INDIVIDUAL/ENTITY OPENING AN ACCOUNT**

I/We wish to confirm that I/We have known the above named individual/entity for ..... years and I/We comment on their suitability for maintaining a banking relationship as follows:

\_\_\_\_\_

\_\_\_\_\_

I/We maintain a current account with (Please state Bank name) \_\_\_\_\_

Address of Bank \_\_\_\_\_

My/Our Account number is \_\_\_\_\_ Phone No. is \_\_\_\_\_

Yours faithfully,

\_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signatories

Name of Referee (Company) \_\_\_\_\_ RC / BN Number \_\_\_\_\_

Address of Referee \_\_\_\_\_



[**UAC House** (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2 **Port-Harcourt Office:** 2<sup>nd</sup> Floor, Mainstreet Bank Building, 5 Trans Amadi Road, Port-Harcourt. Tel: 234-84-463308, 234-8024081331. **Abuja Office:** Leadway House; Plot 1061, Herbert Macaulay Way, Central Business District, Abuja. Tel: 234-9-2918821. **Help Desk** 234-1-2702885-6  
 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

The Manager  
 FSDH Merchant Bank Limited

**REFERENCE FORM**

Dear Sir,

**NAME OF INDIVIDUAL/ENTITY OPENING AN ACCOUNT**

I/We wish to confirm that I/We have known the above named individual/entity for ..... years and I/We comment on their suitability for maintaining a banking relationship as follows:

\_\_\_\_\_

\_\_\_\_\_

I/We maintain a current account with (Please state Bank name) \_\_\_\_\_

Address of Bank \_\_\_\_\_

My/Our Account number is \_\_\_\_\_ Phone No. is \_\_\_\_\_

Yours faithfully,

\_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signatories

Name of Referee (Company) \_\_\_\_\_ RC / BN Number \_\_\_\_\_

Address of Referee \_\_\_\_\_