

Individual/Joint Account Opening Form

Personal Data

Date:

Account Type: Individual Joint (Please tick as appropriate)

Title: Mr. Mrs. Ms. Mr & Mrs Other (Please tick as appropriate)

Please complete in block letters and preferably, black ink.

Surname:

Other Names:

Residential Address:

Date of Birth: Place of Birth:

Tel. Home: Business:

Mobile: E-mail:

Means of Identification:

International Passport Driver's Licence National ID Card

International Passport/Drivers Licence/National ID Card Number:

Occupation and Nature of Business:

Nationality: Country of Residence:

State of Origin: L GA:

Mother's Maiden Name:



Next of Kin Details

Name:

Relationship with next of kin: Next of Kin Contact Address:

Tel: E-mail:

Names and Addresses of Bankers:

S/N	Name of Bank	Address	Account Type

*Please note that all deposit above the sum of N50,000 should be made by cheque in compliance with Anti-Money Laundering/Combating Financing Terrorism Rule of SEC.

****Please note that we are compelled by law to make weekly returns on customers' sources of fund to Nigerian Financial Intelligence Unit (NFIU) of the Economic and Financial Crimes Commission (EFCC).**

Client's Signature Mandate

Please tick as appropriate

Sole Signatory

All Signatories

Either Signatories

Any Two Signatories

1. Signatory Names

Signature

Passport

2. Signatory Names

Signature

Passport

Set off

I/We agree that Network Capital Limited may, at any time without notice, notwithstanding any settlement of account of other matter whatsoever combine or consolidate all or any of my/our existing account(s) opened in my name, relations, children, spouse or companies names and set off, appropriate or transfer any sum(s) standing to the credit of any of such accounts towards satisfaction of any liabilities be it present or future, actual or contingent, primary or collateral and several or joint.

Accounts in debit

If for any reason Network Capital Limited authorises the execution of a valid mandate without sufficient funds to accommodate the value of the transaction, thereby throws the account into debit, I/we agree that an overdraft facility has been created. Any sum or sums standing to the debit of our account as a result of this overdraft facility shall be liable to interest charges at a prevailing money market rate. Network Capital Limited is hereby authorised to debit the account(s) with its usual charges, commission and interest for such facilities.

Declaration

I/We declare that the information given in the account opening forms is true and correct. I/We agree that any information found to be false may cause Network Capital Limited to decline the application or close the account if it has been opened. Should any details change in the future, e.g. address, name, etc I/We shall inform you Network Capital Limited promptly.

Client's Name

Signature/Date

-The End-

Official Use Only

Checklist

S/N	Details for Individual Accounts	Yes	No
1	Duly Completed Account Opening Form		
2	Copy of Utility Bill within the last three months (Original sighted)		
3	Copy of International Passport/Drivers Licence/National ID Card (Original Sighted)		
4	Duly Completed Signature Mandate		
5	Two clear recent passport photographs		
6	KYC report carried out		

Client's Account Number:

CSCS Number:

Introduced By

Account Officer's Name:

Account Officer's Signature:

Account Authorised By: Status of Authorising Officer:

Signature of Authorising Officer:

Date:

Managing Director/CEO's Approval:

Date:

ADDITIONAL KYC REQUIREMENTS

Bank Name:

Bank Account Name:

Bank Account Number:

Date of Bank Account Creation: