



## Documents required

1. Letter of Administration
2. Letter of Introduction
3. Power of Attorney
4. Passport Photograph for each signatory
5. Proof of Identity of all signatories and executors/administrators
6. When an entity is listed as an Executor/Administrator, provide particulars of Directors (Form CO7) and all allotment of shares (Form CO2) of the entity
7. Two suitable reference



Statement frequency: Monthly  Quarterly  Semi-Annually  Annually

Cheque Book Requisition (Fees Apply): Crossed Cheque  25 Leaves  50 Leaves  100 Leaves   
200 Leaves

**\*GAP – lite is a secure web-based service that provides a sole signatory with 24/7 online real time access to the corporate account and other financial service, using secured connections over the internet.**

**\*\*GAPS is a secure-web based service that facilitates the processing of vendor, supplier or payroll payment in batches or single payment, using secured connections over the internet.**

### Cheque Confirmation

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes  No

Cheque Confirmation Threshold: (if the answer to the above is yes, please note that minimum confirmation threshold is currently N500,000.00)

If you would like to have a higher threshold for pre-confirmation, please specify the amount:

(In line with extant law and existing regulation)

(N)

### Details of Account Signatory/Executor/Administrator

**1.**  
Title:  Surname:   
(Please specify)

First Name:

Other Name(s):

Marital status: Single  Married  Others:  Gender: Male  Female   
(Please tick '✓' as appropriate) (Please specify)

Date of Birth:       Country of Birth:   
Day Month Year

Mother's Maiden Name:

L.G.A of Origin:  State of Origin:   
(Nigerians only) (Nigerians only)

Tax identification No:   
(If available)

Means of Identification:  Identification Number:

ID Issue date:      ID Expiry date:      
(Nigerians only) Day Month Year (Nigerians only) Day Month Year

Occupation:  Status/Job Title:

Position/Office of the Signatory:

Nationality: Nigeria  Others  (Please specify) \_\_\_\_\_

Resident Permit No:  Permit Issue Date:     
(For Non Nigerians) Day Month Year

Permit Expiry Date:     Bank Verification No (BVN):   
(For Non Nigerians) Day Month Year

Do you have residency of any other country: Yes  No  If yes, which country: \_\_\_\_\_

Social Security No:

### Residential Address

House/Plot Number:  Street Name:

Nearest Bus Stop/Landmark:

City/Town:  L.G.A:

State:

Mobile number:  Phone number:

E-mail address:

I hereby attest that the above information is true and complete

Signature: \_\_\_\_\_ Date:     
Day Month Year

### Official use only

Verified By (Full name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date:     
Day Month Year

### Details of Account Signatory/Executor/Administrator

**2.**  
Title:  Surname:   
(Please specify)

First Name:

Other Name(s):

Marital status: Single  Married  Others:  Gender: Male  Female   
(Please tick '✓' as appropriate) (Please specify)

Date of Birth:    Country of Birth:   
Day Month Year

Mother's Maiden Name:

L.G.A of Origin:  State of Origin:   
(Nigerians only) (Nigerians only)

Tax identification No:   
(If available)

Means of Identification:  Identification Number:

ID Issue date:     
(Nigerians only) Day Month Year

ID Expiry date:     
(Nigerians only) Day Month Year



Tax identification No:   
(If available)

Means of Identification:  Identification Number:

ID Issue date:    (Nigerians only)  
Day Month Year

ID Expiry date:    (Nigerians only)  
Day Month Year

Occupation:  Status/Job Title:

Position/Office of the Signatory:

Nationality: Nigeria  Others  (Please specify) \_\_\_\_\_

Resident Permit No:  Permit Issue Date:

(For Non Nigerians)

Permit Expiry Date:    (For Non Nigerians)  
Day Month Year

Bank Verification No (BVN):

Do you have residency of any other country: Yes  No  If yes, which country: \_\_\_\_\_

Social Security No:

**Residential Address**

House/Plot Number:  Street Name:

Nearest Bus Stop/Landmark:

City/Town:  L.G.A:

State:

Mobile number:  Phone number:

E-mail address:

I hereby attest that the above information is true and complete

Signature: \_\_\_\_\_ Date:     
Day Month Year

**Official use only**

Verified By (Full name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date:     
Day Month Year

Accounts held with other banks

S/N	Name and Address of Bank/Branch	Account Name	Account Number	Status: Active/Dormant
1				
2				
3				
4				

Authority to debit account for search fee

Guaranty Trust Bank Ltd.

.....

.....

Dear Sir,

**AUTHORITY DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE**

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or relevant agency/authority.

Thank you.

Yours faithfully,

Name and Authorized signature of the Customer/Representative & Date

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Name and Authorized signature of the Customer/Representative & Date

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**Account Opening Mandate**

a. Mandate authorization/combination Rule (please tick as appropriate):

Sole signatory  Two or more  if two more to sign, please specify

b. Signatories

i Title:   
(please specify)

Please affix  
passport photograph

Surname:

First Name:

Other Name(s):

Class of signatory  
(please indicate class in the box provided)

Signature: \_\_\_\_\_

Date:     
Day Month Year

ii Title:   
(please specify)

Please affix  
passport photograph

Surname:

First Name:

Other Name(s):

Class of signatory  
(please indicate class in the box provided)

Signature: \_\_\_\_\_

Date:     
Day Month Year

iii Title:   
(please specify)

Please affix  
passport photograph

Surname:

First Name:

Other Name(s):

Class of signatory  
(please indicate class in the box provided)

Signature: \_\_\_\_\_

Date:     
Day Month Year

I/We the Executor(s) of the Will (intended)/ Administrator(s) of the Estate of the

Late \_\_\_\_\_  
(Testator/Intestate)

\_\_\_\_\_  
(Testator's/Intestate's Address)

who died on \_\_\_\_\_ request you to: \_\_\_\_\_

2. Honour all cheque or other orders which may be drawn on the said account provided such cheques or orders are signed on behalf of the said Club/Society/Association and to debit such cheques or orders to the said account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse or allow any overdraft or increase of overdraft and in consideration, we agree:
  - a. To assume full responsibility for the genuineness or correctness and validity of all endorsement appearing on all cheque, orders, bills, notes, negotiate instruments, receipt and/or other documents deposited in our account.
  - b. To be responsible for the repayment of any overdraft with any interest and comply and be bound the Bank's rules for the conduct of a current receipt of which we hereby acknowledge.
  - c. To free the Bank from any responsibility for any loss or damage to funds deposited with Bank due to any future Government order, law, levy, tax embargo restriction and/or all other cause beyond the Bank's control.
  - d. That all funds standing to our credit are payable on demand only in such local currency as may be in circulation.
  - e. To be bound by any notification of charge in conditions governing the account direction to our last known address and any notice or letter sent to our last known address shall be considered as duly delivered and received by us at the time it would be delivered in the ordinary course of post.
  - f. That if a cheque credited to current accounts is returned dishonoured, the same may be transmitted to us through our last known address either the Bank's premises.
  - g. And we note that the bank will accept no liability whatsoever for funds handed to members of its staff outside banking hours or outside the Bank's premises.
  - h. That our attention has been drawn to the necessity of safeguarding our cheque book so that unauthorized person are unable to gain access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to our account.
  - i. That the Bank is under no obligation to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques and we understand and agree that any such cheques(s) may be returned to us unpaid but if paid we are obliged to repay the Bank on demand.
  - j. That any sum standing to debit of the current account shall be liable to interest charges at the current rate by the Bank from time to time. The Bank is authorized to debit from the account the usual banking charges, interest, commissions, and any service charges set by the Bank from time to time.
  - k. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.
3. We agree to give you notice of any anomalies in the statement of account furnished to us by you within 90 (ninety) days of the date thereof; and we understand and agree that failure to give you such notice shall absolve you of all liabilities arising therefrom.
4. We agree to give you prompt notice in such manner as you may from time to time specify of instruction not to honour any cheques, bills of charge, promissory notes, deposit receipts and other orders for the payment of money drawn, endorsed or accepted on our behalf, and indemnify you for loss arising from such non-payment.
5. We also agree that in addition to any general lien or similar right which you may as bankers may be entitled to by law, you may

- at anytime and without notice to us combine or consolidate all or any of our account liability to you and set-off or transfer any sum(s) standing to our credit in any one or more of such other respect, towards the satisfaction of any liability of the company whatsoever, whether such liability be actual or contingent, primary or collateral and several or joint.
6. "Related party" means an entity that is: a subsidiary or an affiliate of the Club/Society/Association; or an individual (person) that is a membership/principal officer of the said Club/Society/Association.
  7. We agree that a copy of the authorizing Resolution, Constitution/Rules and Regulations and registration certificate be forwarded to the Bank by the Chairman/President together with specimen signature of officers empowered to sign.
  8. We agree that in the event of failure of our part to furnish the Bank with the registration documentation as required by the Bank of us, the Bank may hold the signatories herein specified personally liable for the purpose of the account(s) generally.
  9. We hereby affirm that we are aware that it is crime under the laws of the federal republic of Nigeria to issue cheque without sufficient funds in our account in the value of our cheques and we hereby undertake to bear all the consequences and/or liabilities arising from our instructions to the Bank to pay on cheques drawn on our account where such account is not sufficiently funded with the value of our cheque.
  10. Subject to the provisions of all laws, rules and/or regulations, the customer hereby agrees that the bank or any of its subsidiaries and/or affiliates can share information related to their account(s) with any domestic or overseas regulators or tax authorities where necessary to establish their tax ability in any jurisdiction. Where require by any domestic or overseas regulators or tax authorities, the customer agrees that the bank may withhold and pay out from their account(s) such amount may be required according to applicable laws, rules and regulations.

#### **Credit Bureau**

We acknowledge that the bank consults with various credit bureaus and reference agencies, and may be required to disclose the Club/Society/Association information to these credit bureaus for the purpose of conducting checks on the Club/Society/Association. We hereby irrevocably and unconditionally grant our consent to the bank and expressly authorizes such disclosure of any or all information on my/our account(s) transaction(s) with bank, to such credit bureau and reference agencies whether based locally or abroad, including information on our partner and other personnel, transaction and conduct on my/our account together with details of any non-payment or delayed payments as the bank may deem necessary. The consent herein given discharges the bank from all liabilities, claims, and damages for such disclosure made by the bank to any credit bureau pursuant to the consent herein granted.

# GAPS Registration Form

## User roles & function

Role Code	Users	Responsibilities
ADMIN	System Administration	<ul style="list-style-type: none"><li>Responsible for user management and activity audit.</li></ul>
UPL	uploader	<ul style="list-style-type: none"><li>Initiates all transactions and file upload</li><li>Review reports and account information</li></ul>
REV	reviewer	<ul style="list-style-type: none"><li>1st level review and authorization</li></ul>
APP	Approver	<ul style="list-style-type: none"><li>must be authorized signatories of the bank account. Structure may be sequential (A-B-C) or non-sequential (Any to sign, either to sign, two to sign, e.t.c)</li></ul>
VIEW	Viewer	<ul style="list-style-type: none"><li>Review end of day activities and reports</li></ul>

## User Contact Information

Kindly provide the details for each user and select role below:

First/Last Name	Role Code	Approval Limit	E-mail Address	Mobile Number

## Token Request

\*Note: All users will require tokens to sign in to GAPS

Kindly take this as an authority to issue \_\_\_\_\_ unit(s) of tokens for our users.

Token should be released to: \_\_\_\_\_  
(A duly signed indemnity is required) (Name)

Mode of identification: \_\_\_\_\_

## Confirmation of Pending Litigation

Kindly indicate if there is any pending criminal or civil litigation in which you are a party to:

Yes  No  Abstain

If yes, provide details \_\_\_\_\_

## Privacy Policy

The bank takes your privacy seriously and only processes your personal information to make your banking experience better. In accordance with NDPR and other applicable regulations, signing below indicates your consent to the processing of your person data by Guaranty Trust Bank Ltd, its strategic partner/service providers, Guaranty Trust Bank's Holding Company and its subsidiaries, as detailed in our privacy policy available at <https://www.gtbank.com/privacy-policy>

Signature \_\_\_\_\_

Date      
Day Month Year

**Declaration**

I/We \_\_\_\_\_  
hereby apply for the opening of an account with Guaranty Trust Bank Ltd. We understand that the information given herein and the documents supplied are the basis for opening such account and We therefore warrant that such information is correct.

We have read the terms and conditions governing the operations of the account which are presented overleaf and agree to be bound by them.

1. \_\_\_\_\_  
Name Signature        
Day Month Year

2. \_\_\_\_\_  
Name Signature        
Day Month Year

**In the presence of:**

Name:

Address:

Occupation:

Signature: \_\_\_\_\_ Date:        
Day Month Year

**FOR BANK USE ONLY**

**Customer Segmentation**

Customer Classification Code:  Description: \_\_\_\_\_

Economic Sector Code:  Description: \_\_\_\_\_

Type of Depositor Code:  Description: \_\_\_\_\_

**Risk Classification**

Low Risk  Medium Risk  High Risk

**Authentication for Politically Exposed Persons**

Is the customer a politically exposed person? Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**Customer Address Verification/Call Memo (If applicable)**

Address Visited: \_\_\_\_\_

Comment on Location-Landmarks: \_\_\_\_\_

Location – Colour of building: \_\_\_\_\_

Location – Description of building: \_\_\_\_\_

Full Name of Visiting Staff: \_\_\_\_\_ Signature: \_\_\_\_\_  
Day Month Year

**Certification**

I hereby confirm that the information contained herein is correct and a true representation of the customer's profile

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Day Month Year

**Deferral/Waiver of Documents (if any) authorized by**

Full Name: \_\_\_\_\_ Signature \_\_\_\_\_

**Documents Required**

	Checked	Deferred (Please specify deferral period)	Waived
1. Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
2. Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
3. Resident permit or work permit (for non-Nigerians)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
4. Two (2) passport sized photograph of each signatory of the account with name written on the reverse side	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
5. Search Report	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
6. Letters of Administration or Probate	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
7. Power of Attorney (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
8. Letter of Indemnity (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
9. Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (Preferred Identity card are Int'l passport, National Identity Card, National Driver's Licence, and Valid Nigerian INEC Voter's Card)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
10. Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document Utility bill (Certified true copy is acceptable if original is not held)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
11. Two satisfactorily completed reference forms.	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
12. Others (Please specify)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

**Account Opening Authorised**

A/C Manager's Code:

A/C Opened by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
CIS

Approved by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
OPERATIONS HEAD

To:  
The Manager,  
Guaranty Trust Bank Ltd.

Dear Sir,

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
I/We would wish to confirm that we know the above-named Company and its Directors for

\_\_\_\_\_  
I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

\_\_\_\_\_  
I/We maintain a current account with:

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

My/Our Account No. is:

And my/our phone No. (s) is/are: \_\_\_\_\_

Yours faithfully,

\_\_\_\_\_  
Signature

Date     
Day Month Year

Name \_\_\_\_\_

Address \_\_\_\_\_

Name of Director known to the referee \_\_\_\_\_

**Please note:**

1. Referees must be a current account holder either in GTBank or any other bank. Referees from other banks must be corporate account holders only.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

**"CAUTION"**  
**IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU**

To:  
The Manager,  
Guaranty Trust Bank Ltd.

Dear Sir,

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
I/We would wish to confirm that we know the above-named Company and its Directors for

\_\_\_\_\_  
I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

\_\_\_\_\_  
I/We maintain a current account with:

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

My/Our Account No. is:

And my/our phone No. (s) is/are: \_\_\_\_\_

Yours faithfully,

\_\_\_\_\_  
Signature

Date     
Day Month Year

Name \_\_\_\_\_

Address \_\_\_\_\_

Name of Director known to the referee \_\_\_\_\_

**Please note:**

1. Referees must be a current account holder either in GTBank or any other bank. Referees from other banks must be corporate account holders only.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

**"CAUTION"**  
**IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU**