



## Document required

1. Copy of Certificate of Registration
2. Copy of Form 2
3. Partnership Deed (where applicable)
4. Passport Photograph for each signatory
5. Proof of Identity of all signatories and proprietor/partners
6. Tax Identification Number (TIN)
7. Evidence of registration with SCUML (where applicable)
8. Two suitable reference





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

Occupation:  Status/Job Title:

Position/Office of the Signatory:

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

Resident Permit No: (For Non Nigerians)  Social Security No.:  Day  Month  Year

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

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

Resident Permit No:

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

Bank Verification No (BVN):

**Residential Address**

House/Plot Number:  Street Name:

Nearest Bus Stop/Landmark:

City/Town:  L.G.A:

State:

Mailing Address: (If different from the Residential Address)

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 2**

Title:  Surname:

First Name:

Other Name(s):



### Details of Account Signatory 3

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: Nigerian  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:

Mailing Address:   
(If different from the Residential Address)

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 Next of Kin**

Title:  Surname:   
(Please specify)

First name:

Other Name(s):

Date of Birth:       Gender: Male  Female   
Day Month Year

Relationship:

**Residential Address**

House/Plot Number:  Street Name:

Nearest Bus Stop/Number:

City/Town:  L.G.A:

State:

Mailing Address:  
(if different from the Residential Address)

Mobile Number:  Phone Number:

E-mail Address:

**Additional Details**

1. Name of affiliated company:

Country of incorporation:

2. Name of affiliated company:

Country of incorporation:

3. Name of affiliated company:

Country of incorporation:

**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

Name and Authorized signature of the Customer/Representative & Date

# 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

## Terms and Conditions

I/We the undersigned being the sole proprietor/ the present individual partners in the above mentioned firm which has been duly registered under the Registration of Business Name Act request and authorize you:

1. To open a current account in my/our firm's name.
2. To honour all cheques, bill of exchange, promissory notes, deposits, receipts, and other orders, drawn or endorsed and all bills accepted bill to the debit of the amount(s) whether the account the in credit or overdrawn or shall become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft of increase of overdraft and I/we shall be jointly and severally responsible for the payment of any overdraft and interest.
3. To deal with any propriety, securities, valuables of documents of title which may be deposited with the Bank by the firm whether for sake keeping or otherwise when instructions to such effects is given to the bank in writing and signed by me/any of the partners or by any other signatories specified below.
4. To honour any contract entered into with Bank for the purpose and/or sale of foreign exchange and to deposit other securities with the Bank as security for such contract, I/We further agree to:
  - a. Deliver to the Bank not later than 60 days after the payment of foreign currency or against the firm's import transaction and in any other case not later than 10 days after the arrival of eligible goods in Nigeria, the exchange control of customer Bill of Entry and other allied documents.
  - b. Indemnify the bank against loss damage incurred as a result of failure to provide the required custom Bill of Entry and/or to comply with any Nigerian customs or Exchange control Regulation.
  - c. The debiting of the firm's account or pay on demand to the bank any difference in exchange rate due to fluctuation in rates between the time of instruction and the completion of the transaction.
5. I/We agree that advances to the firm by way of overdraft discount, loan mortgage or otherwise credits generally and the issue of guarantees by you from time to time may be arranged by myself or by any other signatory (ies) specified below provided that any document relating thereto, any mortgage pledge or other security documents of title relating thereto secure any such advances and any obligations and any undertakings by myself or by any other signatory (ies) specified below.
6. I/We agree that the bank may at any time without notice, notwithstanding any settlement of account of any matter whatsoever combine or consolidate all or any of the then existing accounts(s) opened in the firm's name or related Party and set-off, appropriate of transfer any such sum(s) standing to the credit of any such account(s) towards the satisfaction of any liabilities of the firm whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint.
7. "Related party" means an entity that is: a subsidiary or an affiliate of the firm; or an individual (person) that is a proprietor/partner of the firm; or an entity in which the firm is a shareholder.
8. I/We agree that in the absence of any directive to the contrary, any account(s) subsequently opened shall be operated and dealt with upon the terms set out above in so far as the same may be applicable.
9. I/We agree that the Authority shall remain the force until written notice of revocation shall have been received by the Bank notwithstanding any change in the constitution or name of the firm, provided always, however that the authority under paragraph 5 above may not be revoked except with the Bank's prior written consent and subject to such terms and conditions as the Bank shall determine to impose.
10. I/We hereby affirm that I/We are aware that it is crime under the laws of the Federal Republic of Nigeria to issue cheques without sufficient funds in my/our account in the value of my/our cheques and I/We hereby undertake to bear all consequences and/or liabilities arising from my/our instructions to the Bank to pay on cheques drawn on my/our account where such account is not sufficiently funded with the value of my/our cheques.
11. Customers should not write out cheques in staff's name. all cheques for deposits should be made out in customer's name.
12. Customers should desist from transferring money from their accounts into staff's accounts. Impromptu cash pick at the customer's premises by staff should not exceed N500,000.
13. Customers who wish to enjoy cash pick up services should make a formal request which would be handled in accordance with the laid down procedure for cash pick up. Cash in excess of N500,000 should be paid over the country by the customer.
14. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.

15. 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 deposits, receipts, and other orders, drawn or endorsed and all bills accepted on behalf of the firm and to change the amount of all such orders of accepted on behalf of the firm and to change the amount of all such orders of accepted bill to the debit of the amount(s) whether the account be in credit or overdrawn or shall become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase of overdraft and I/We shall be jointly and severally responsible for the repayment of any overdraft and interest.
16. If a breach is associated with the operation of your account/Wallet, you agree that we have the right to apply restrictions to your account/wallet and report to appropriate law enforcement agencies in line with extant laws.
17. I/We agree to protect and fully indemnify the bank against all claims, liability, damages, expenses and cost, including but not limited to the cost of litigation of any third party claim

arising from my/our operating any account with the bank. Pursuant to my/our aforesat-ed indemnify, we whereby authorize the bank to debit my/our account with the value of any such claims, liability, damages, expenses and cost arising from my/our operating any account with the bank.

#### **Credit Bureau**

I/We acknowledge that the bank consults with various credit bureaus and reference agencies, and may be required to disclose the firm's information to these credit bureaus for the purpose of conducting checks on the firm. I/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.

# Corporate Internet Banking - GAPS

## 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 \_\_\_\_\_

## Declaration

I/We \_\_\_\_\_        
Day Month Year

hereby apply for the opening of an account with Guaranty Trust. 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.

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



## 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. Copy of certificate of registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of form 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Partnership Deed (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. One (1) 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"/>
7. Introduction Letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Status Report from Banker (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Resident permit or work permit (for non-Nigerians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence of registration with Special Control Unit on Money Laundering (SCUML) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Power of Attorney (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Letter of Indemnity (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Business premises visitation certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. 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"/>
17. Proof of identity 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"/>
18. Two satisfactorily completed reference forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Copy of the audited financial statements (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Tax Identification Number (TIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. 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 GTCO 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 GTCO 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.

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