



## Documents Required

1. Copy of Deed of appointment as Trustees
2. Board resolution
3. Passport Photograph for each signatory
4. Proof of identity of all signatories and Directors
5. Tax Identification Number (TIN)
6. Evidence of registration with SCUML (where applicable)
7. Where an entity is listed as a Trustee, provide particulars of Directors (Form CO7) and Allotment of Shares (Form CO2) of the Entity.
8. Two suitable references

# ACCOUNT OPENING FORM – ENTITIES

Form B (Trustees)

Category of Business  
(Tick as appropriate)

Trustees

Account Type  
(Tick as appropriate)

Current  Deposit  Domiciliary Account

\$	€	¥	£	Others
<input type="checkbox"/>				

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

This form should be completed in CAPITAL LETTERS.

Characters and marks should be similar in style to the following:  A  B  C

Branch:

ACCOUNT NUMBER (for Official Use Only)

<input type="text"/>																			
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## Details of Entity (please complete in block letters and tick where necessary)

Name(s) of Customers:

Residential Address:

Mailing Address:  
(If different from above)

Business/Occupation Address 1:

Business/Occupation Address 2:

Email Address:

Mobile Number:  Phone Number:

### Estimate Annual Turnover

Less than N50 Million  N50 Million-less than N500 million   
N500 million-less than N5 billion  Above N5 billion

### Account Service(s) Required (Please tick applicable option below)

Online Banking preference: Internet Banking  \*GAPS - Lite  \*\*GAPS   
E-mail Statement  Naira Debit Card  Dollar Debit Card  Dollar Credit Card   
E-mail Alert  SMS Alert (charges apply)  Mobile Money  Token (charges apply)

The pre-checked boxes above are compulsory services as directed by the CBN. If you wish to opt out of these services, kindly request for an indemnity form.







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:  Social Security Number:   
(For Non Nigerians)

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: \_\_\_\_\_

**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:

Email 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 Trustors/Settlers

**1.**

Title:  Surname:

(Please specify)

First name:

Other Name(s):

Date of Birth:    Country of Birth   
Day Month Year

Gender: Male  Female  Mother's Maiden Name:

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:

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

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

Social Security No:  Bank Verification Number (BVN):

### 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:

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

**2.**

Title:  Surname:

(Please specify)

First name:

Other Name(s):





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

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



## Terms and Conditions

I/We the Trustees of: \_\_\_\_\_

Appointed by Deed of \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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: \_\_\_\_\_

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

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

# 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 \_\_\_\_\_     
Day Month Year

**Documents Required**

Checked

Deferred  
(Please specify deferral period)

Waived

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