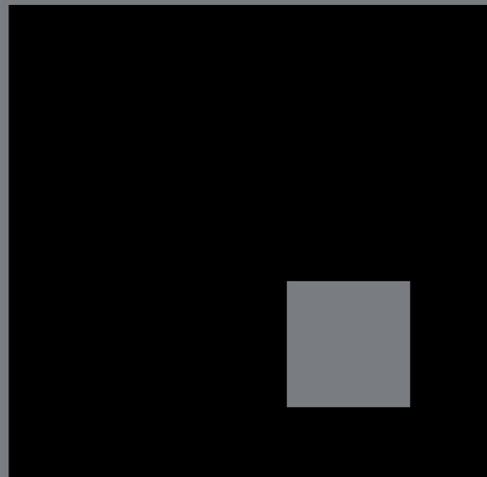


ACCOUNT
OPENING
DOCUMENTATION

SOLE
PROPRIETORSHIP
& PARTNERSHIP



ACCOUNT OPENING FORM – ENTITIES

Form B (Sole Proprietorship/Partnership)

Category of Business
(Tick as appropriate)

Sole proprietorship Partnership

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)

Details of entity (please complete in block letters and tick where necessary)

Business Name:

Registration Number:

Date of Registration: Day Month Year

Jurisdiction of Registration:

Type/Nature of Business:

Sector/industry:

Operating Business Address 1:

Operating Business Address 2:

Registered Address:
(If different from above)

Local Govt. Area:

State:

Nigerian Export Promotion Council (NEPC) No. (if applicable):

Email Address:

Website (if any):

Mobile Number: Phone Number:

Tax Identification Number (TIN): CRM No/Borrower's code:
(Where applicable) (Where applicable)

Special Control Unit against Money
Laundering (SCUML) Reg. No:
(where applicable)

Estimated 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)

Internet Banking preference:

* 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.

- Checked e-banking service are available when the account is opened (3rd party transfers one-channel will require a token).

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)

Details of Account Signatory 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:

Place of Birth:

Mother's Maiden Name:

Name of Next of Kin:

L.G.A of Origin:

State of Origin:

(Nigerians only)

(Nigerians only)

Tax identification No:

(If available)

Means of

Identification:

Identification

Number:

Tax identification No:

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 No:
(For Non Nigerians)

Permit Issue Date: Permit Expiry Date:
Day Month Year Day Month Year

Bank Verification ID No:
(For Non Nigerians)

Do you have residency or citizenship 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:

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: _____
Day Month Year

Details of Account Signatory 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: Place of Birth:
Day Month Year

Mother's Maiden Name:

Name of Next of Kin:

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

--	--

GTMAX

Please tick your preferred option

**GTMAX SILVER**

Account Features

- Minimum Opening amount is N150,000.00
- Minimum Account Balance is N100,000.00
- Zero Current Account Maintenance Fee
- Attractive Interest Rate

■ PLEASE NOTE THE CONDITIONS AVAILABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N100,000.00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee on N1/mille will be applied on all transactions for the month and no interest will be paid on the account for that month

The account opening amount must be paid into the account immediately it is opened.

Signature

Date

GTMAX GOLD

Account Features

- Minimum Opening amount is N500,000.00
- Minimum Account Balance is N250,000.00
- Zero Current Account Maintenance Fee
- Attractive Interest Rate

■ PLEASE NOTE THE CONDITIONS AVAILABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N250,000.00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee on N1/mille will be applied on all transactions for the month and no interest will be paid on the account for that month

The account opening amount must be paid into the account immediately it is opened.

Signature

Date

GTMAX PLATINUM

Account Features

- Minimum Opening amount is N1,000,000.00
- Minimum Account Balance is N500,000.00
- Zero Current Account Maintenance Fee
- Attractive Interest Rate

■ PLEASE NOTE THE CONDITIONS AVAILABLE

A maximum of five (5) withdrawals are allowed per month. In any month where more than 5 withdrawals are made, a Current Account maintenance fee of N1/mille will be applied on all the transactions for the month.

A minimum account balance of N500,000.00 must be maintained in this account at all times. In any month the account goes below the minimum account balance, a Current Account maintenance fee on N1/mille will be applied on all transactions for the month and no interest will be paid on the account for that month

The account opening amount must be paid into the account immediately it is opened.

Signature

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

To: The Manager,
Guaranty Trust Bank Ltd.



Guaranty Trust Bank Ltd.

Dear Sir,

Name of Company

I/We would wish to confirm that I/We have known the above-named company and its Directors for _____ years and would like to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with: (Please state name of the Bank)

Address of Bank:

My/Our Account No. is:

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

Yours faithfully,

Signature

Date
Day Month Year

Name of Referee:

Address of Referee:

To: The Manager,
Guaranty Trust Bank Ltd.



Guaranty Trust Bank Ltd.

Dear Sir,

Name of Company

I/We would wish to confirm that I/We have known the above-named company and its Directors for _____ years and would like to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with: (Please state name of the Bank)

Address of Bank:

My/Our Account No. is:

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

Yours faithfully,

Signature

Date
Day Month Year

Name of Referee:

Address of Referee:

Please note:

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

Please note:

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

Please note:

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

Please note:

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

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 hereby 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. I/We agree as follows:
 - a. That we will make a maximum of five withdrawals per month. That in any month we make more than 5 withdrawals, current account maintenance fee of N1/mille will be applied on all the transaction for the month.
 - b. That we will not make any withdrawals against the minimum account balance. That in any month our account goes below the minimum account balance, interest benefits on the account for that month will be forfeited and a current account maintenance fee of N1/ mille will be applied on all transaction for the month.
4. 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.
5. 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.
6. 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.
7. 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.
8. "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.
9. 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.
10. 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.
11. 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.

12. Customers should not write out cheques in staff's name. all cheques for deposits should be made out in customer's name.
13. 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.
14. 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.
15. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.
16. 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 repay-

ment of any overdraft and interest.

17. If a fraudulent activity is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to the appropriate law enforcement agencies.
18. 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 aforesaid 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">Responsible for user management and activity audit.
UPL	uploader	<ul style="list-style-type: none">Initiates all transactions and file uploadReview reports and account information
REV	reviewer	<ul style="list-style-type: none">1st level review and authorization
APP	Approver	<ul style="list-style-type: none">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)
VIEW	Viewer	<ul style="list-style-type: none">Review end of day activities and reports

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, 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 _____

Day Month Year

Declaration

I/We _____
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.

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

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

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. 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. 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"/>
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 Nigerian Investment Promotion Council (NIPC) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Power of Attorney (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Letter of Indemnity (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Business premises visitation certificate	<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 (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"/>
18. 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"/>
19. Two satisfactorily completed reference forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Copy of the audited financial statements (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Others (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deferral/Waiver of Documents (if any) authorised by

Full Name: _____

Signature: _____

--	--

Day

--	--

Month

--	--	--	--

Year

Account Opening Authorised

A/C Manager's Code:

A/C Opened by: Name: _____ Signature: _____ Date: _____
CIS

Approved by: Name: _____ Signature: _____ Date: _____
OPERATIONS HEAD

