



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 references

ACCOUNT OPENING FORM – ENTITIES

Form B (Sole Proprietorship/Partnership)

**Category of Business
(Tick as appropriate)**

Sole proprietorship Partnership

**Account Type
(Tick as appropriate)**

			\$	€	¥	£	Others	
Current	Deposit	<input type="checkbox"/>	Domiciliary Account					

This form should be completed in CAPITAL LETTERS.

Branch:

ACCOUNT NUMBER (for official use only)

Business Name:	<input type="text"/>																	
	<input type="text"/>																	
Registration Number:	<input type="text"/>																	
Date of registration:	<input type="text"/>																	
Day	Month	Year																
Jurisdiction of Registration:	<input type="text"/>																	
Type/Nature of Business:	<input type="text"/>																	
Sector/industry:	<input type="text"/>																	
Operating Business Address 1:	<input type="text"/>																	
	<input type="text"/>																	
Operating Business Address 2:	<input type="text"/>																	
	<input type="text"/>																	
Registered Address: (If different from above)	<input type="text"/>																	
Local Govt. Area:	<input type="text"/>																	
State:	<input type="text"/>																	
Email Address:	<input type="text"/>																	
Website (if any):	<input type="text"/>																	
Mobile Number:	<input type="text"/>	Phone Number:	<input type="text"/>															
Tax Identification Number (TIN): (Where applicable)	<input type="text"/>	CRM No/Borrower's code: (Where applicable)	<input type="text"/>															
Special Control Unit against Money Laundering (SCUML) Reg. No: (where applicable)	<input type="text"/>																	

Estimated Annual Turnover

Less than N50 Million

N50 Million - Less than N500 million

N500 million - Less than N5 billion

Above N5 billion

Staff Information and Employee Banking Package

This section is designed to help GTBank better understand your workforce and offer tailored financial services for your employees

1. How many employees does your company currently have on payroll?
(Please tick the appropriate box)

1 - 50 51 - 200 201 - 500 Over 500

2. Which of the following employee-focused services are you interested in?
(You may select more than one option)

Salary Accounts Pension Enrollment Support Investment Solutions

Staff Loans None at this time Others: _____
(Please specify)

3. Do you intend to use the account for Salary Payments? Yes No
(Understanding this helps us tailor payroll-related services or improvements if needed)

4. Would you like a GTBank representative to contact you to discuss setting up any of these services or payroll solutions?

Yes, please contact us No, not at this time

5. If yes, please provide the contact person for employee-related banking services:

Name: _____

Job Title: _____ Phone Number: _____

Email Address: _____

Note: These services are optional and provided at no additional cost. GTBank will only contact you if you've given express consent above

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

Online Banking preference: GAPS GAPS- lite

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.

- Kindly note that your account will be debited with a fee as cost for your Card(s) once the account is opened
- Checked e-banking service are available when the account is opened (3rd party transfers

Statement frequency: Monthly Quarterly Semi-Annually Annually

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 1

Title: Surname:
(Please specify)

First Name:

Other Name(s):

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

Date of Birth: Place of Birth:
Day Month Year

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:

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: Social Security No:
(For Non Nigerians) 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:

Official use only

Verified By (Full name) _____

Signature: _____ Date: _____

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)

Mother's Maiden Name: _____

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) _____

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

Residential Address

Nearest Bus Stop/landmark: _____

City/Town: L.G.A:

St. 14

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:
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

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Name and Authorized signature of the Customer/Representative & Date

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Disability Status

The Bank affirms its commitment to providing financial inclusion to persons with disability in accordance with the applicable laws and regulations, and completion of this portion indicates your consent to the processing of your personal data by Guaranty Trust Bank Limited, its strategic partner/ service providers, Guaranty Trust Holding Company, and its subsidiaries as indicated below.

I have a disability or have a history/record of having a disability

Yes No I prefer not to say

What is the nature of the disability?

Physical/Mobility Impairment Hearing Impairment Visual Impairment

Speech Impairment Cognitive Impairment

Others (Please Specify) _____

I/We _____ affirm that this information is provided voluntarily and understand that the details disclosed will remain confidential and that my decision to withhold information about my disability status will not restrict my access to appropriate financial services.

Our branch locations with wheelchair accessibility for the physically impaired are available on the bank's website (visit www.gtbank.com).

Braille forms for the visually impaired will be available upon request at select branch locations as indicated on the bank's website.

We will continue to provide updates on available resources via the bank's website.

This information would only be used in line with the Bank's policy on socially/ financially disadvantaged customers.

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 is 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 payment of any overdraft and interest.
3. To deal with any property, 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:

- 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.
- 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.
- 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 or 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 a 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 counter 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 required 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 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.

18. The Bank reserves the right to restrict, place a balance limit or block the customer's credit balances without notice to the customer, or prevent the customer from accessing its transaction channels:

- (i) upon the written request of a regulatory body or law enforcement agency
- (ii) upon the Bank's reasonable suspicion that the customer has used or intends to use their account for fraudulent or unlawful activity
- (iii) in compliance with a valid Court Order
- (iv) in compliance with applicable laws and regulations.

19. Notwithstanding the foregoing provisions, the Bank reserves the right to terminate this banking relationship by closing the customer's account and paying the customer their available balances net of any liens and applicable deductions:

- (i) where the Bank determines that the customer presents an unacceptable risk which the Bank determines is incapable of remediation
- (ii) where the customer has become insolvent
- (iii) where the customer has filed a frivolous lawsuit against the Bank, in the absence of any wrongdoing by the Bank
- (iv) upon the customer's material or repetitive breach of their obligations under these Terms and Conditions
- (v) where the customer engages in conduct that is considered by the Bank as being inconsistent with the interests of the Bank, or of other customers
- (vi) upon the written complaint of another customer alleging fraudulent activity, and being identified as responsible for loss or damage, or presenting a material risk to other customers.

20. The Bank reserves the right to report the customer to law enforcement or Banking Regulators where it determines that the customer has acted in violation of a written law or regulation.

21. Any communication by the Bank shall be deemed to have been made as soon as it is sent to the most recent address or email address provided by me/us, or published on the Bank's website or through any other electronic or digital communication channel approved by the Bank. The date indicated on the duplicate copy of such letter, on the Bank's mailing list, or on the digital dispatch log shall constitute the date on which the communication was sent or published. Any statement or confirmation of any transaction between me/us or either of us and the Bank shall be deemed to have been examined by me/us and to be conclusive and binding unless, within 10 working days from the date specified on such statement/confirmation, I/we or either of us advise the Bank in writing that an item contained therein is being disputed, whether or not such item was made in accordance with the mandate from time to time given by me/us to 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.

Consent to Global Standing Instruction (GSI)

I hereby give my express consent and authorization to the Bank to invoke the Central Bank of Nigeria's Global Standing Instruction (GSI) framework in respect of any loan or credit facility that may be granted to me by the Bank at any time during the existence of my banking relationship.

I understand that:

- This consent permits the Bank to recover any outstanding obligations due from me by instructing other participating financial institutions to debit my accounts held with them, in accordance with the CBN GSI Guidelines.
- This consent shall apply to all types of accounts (savings, current, domiciliary, investment, etc.) that I maintain in the Nigerian banking system, individually or jointly (as applicable), and shall remain valid for the life of any such credit obligation.
- The Bank may rely on this consent as part of its loan recovery process without a further need to obtain fresh authorization at the time of any future loan application.

Terms and Conditions For Marketing and Promotional Communications

1. Marketing and Promotional Communications

Further to the account service(s) selected above, kindly indicate your preference to receiving marketing communications, promotional offers, product updates, and surveys from the Bank and the Group via SMS, email, telephone, or other communication channels.

- Yes, I/We would like to receive marketing and promotional communications
- No, I/We do not wish to receive marketing and promotional communications

2. Right to Withdraw Consent to Receiving Marketing Communications

Where you have consented to receiving marketing and promotional communications, you have the right to withdraw your consent at any time by:

- i. Visiting any branch of the Bank;
- ii. Clicking the unsubscribe link (where provided in email);
- iii. Contacting [cea@gtbank.com/dpo.ng@gtbank.com or the relevant email address that will address such requests]; or
- iv. Following such other opt-out procedures as may be made available.

Withdrawal of consent shall not affect the lawfulness of any communication made prior to such withdrawal.

Terms and Conditions for GT Bank's Communications with Customers Consent to Receive Communications

By signing and/or ticking the appropriate boxes and submitting this account opening form, I/We authorize the Bank, its subsidiaries, affiliates, and other companies within the Guaranty Trust Group (together, the "Group") to communicate with me/us using any contact details provided to the Bank (including telephone number, email address, postal address, or social media handles) for the purposes of:

- i. Providing account or transaction-related information;
- ii. Sending statements, reports, alerts, or security notifications;
- iii. Conducting customer service follow-ups; and
- iv. Fulfilling any legal or regulatory obligations.

Limitation of Liability

Where I/we opt to receive marketing and promotional communications, the Bank shall not be liable for any inconvenience, loss, damage, or cost suffered by me/us as a result of the receipt or non-receipt of any communication, provided such communication was sent in good faith and in accordance with my/our consent.

Data Protection and Confidentiality

All communications and processing of my/our personal data shall be done in accordance with applicable laws, including the:

- Nigeria Data Protection Act, 2023 (NDPA);
- Nigeria Data Protection Regulation, 2019 (NDPR);
- NDPR Implementation Framework, 2020,

(NDPRIF);

- NDPA General Application and Implementation Directive, 2025 (GAID);
- Central Bank of Nigeria (CBN) Consumer Protection Framework as well as other laws and regulations that may be issued and are applicable from time to time.

The Bank shall take all reasonable steps to ensure the confidentiality and security of my/our data when shared within the Group or with authorised third parties. The Bank shall also ensure that the Group and authorised third parties have the appropriate technical and organisational measures to ensure the confidentiality and protection of my/our data.

Third Party Messaging and Affiliates

I/We understand that certain communications or offers may be delivered via third-party service providers acting on behalf of the Bank or its Group. The Bank shall ensure that such third parties are under strict obligations of confidentiality, data protection compliance and data security.

Customer Responsibility

I/We are responsible for ensuring that my/our contact details remain accurate and up to date. The Bank shall not be liable for any unauthorized access to my/our information or missed communications resulting from my/our failure to update my/our records.

Updates to the Terms and Conditions

- We confirm that we have read, understood and accepted the terms and conditions applicable thereto before applying for or availing of banking services to us.
- We understand and agree that the Bank may amend or alter the terms and conditions referred above and hereinafter, from time to time and we undertake to access the Bank's website at www.gtbank.com and keep ourselves updated before every operation of the account.
- The Bank will notify its customers in writing, including via its website at www.gtbank.com, email, text message and its electronic banking channels, of updates to the terms and conditions of the Bank's services and the said updated terms and conditions shall bind the customers upon their continued use of the Bank's services after issuance/publication of such notice.

Corporate Internet Banking – (GAPS-Lite/GAPS)

Date
 Day Month Year

Application Type: GAPS-Lite GAPS

GAPS-Lite is a secure app-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.

Type of Account: Sole Proprietor Partnership Unincorporated Corporate

Others (please specify): _____

Account Information

Account Name: _____ Account No:

Account/Sub Accounts to be profiled:

All accounts

Select Account

(List accounts or related account(s) and companies to be activated for single profile user below)

Account Name: _____ Account No:

Account Name: _____ Account No:

GAPS-Lite

Please see below the function available on your profile

Initiate & submit all transactions	View batch status	Accounts Statement and
Log-in trail & user activity	Approve and cancel transactions	balance enquiry
Transaction track & payment search	Account to Debit	Upload & Approve FX transaction
	Payment and exception reports	Own account transfer
		Upload batch payment

Kindly provide the details for each user below:

First Name	Last Name	E-mail Address	Mobile Number

GAPS

Role (Role Code)	Responsibilities	Basic Functions
System Administrator (Admin)	• I.T/ Finance departments	• Set up file type and format • Login Trail & User Activity • Password Reset • Enable and disable
Uploader (UPL)	• Accounts/Finance/ Treasury	• Setup file type and format • Initiate and submit all transactions • Upload all payment files • View batch status • Account to debit • Account statement & Balance enquiry • PMT Report • Exception Report • Own account transfer
Reviewer (REV)	• Accounts/Treasury/ Audit/Human Resources	• View batch status & payment records • Approve transactions • Account Statement & Balance Enquiry • Account to debit • Payment and exception report

Role (Role Code)	Responsibilities	Basic Functions
Approver (APP)	<ul style="list-style-type: none"> Authorized signatories 	<ul style="list-style-type: none"> View batch status & payment records Approve transactions Account Statement & Balance Enquiry Account todebit Transaction track
Viewer (VIEW)	<ul style="list-style-type: none"> Audit/Control 	<ul style="list-style-type: none"> View login trail and user activity View batch status & exception report Payment reports

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

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

Additional Feature

Please indicate if necessary: Approval required for own account transfer

Token Request

All single users, as well as corporate users with approver and reviewer roles, require tokens
Existing Internet banking users can fill tokens IDs

First Name	Last Name	Token ID (To be completed by Account Officer/CIS)

Please tick as appropriate: E -Token Hardware Token

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

Hardware token(s) should be released to: _____
(A duly signed Indemnity is required) (Name)

Means of Identification: _____

Approval Information

I/We hereby authorize Guaranty Trust Bank Ltd to profile our account(s) on the GAPS/GAPS-Lite platform and act on the instructions contained herein

Name of Director: _____ Signature & Date: _____

Name of Director: _____ Signature & Date: _____

For Official Use

Signature Verification: _____
CIS NAME & SIGNATURE

Approved by _____
OPS HEAD NAME & SIGNATURE

Certification

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

Full Name: _____ Signature: _____

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 Day

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 Month

--	--	--	--

 Year

Deferral/Waiver of Documents (if any) authorized by

Full Name: _____ Signature: _____

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 Day

--	--	--

 Month

--	--	--	--

 Year

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 _____

20. Tax Identification Number (TIN) _____

21. Others (Please specify) _____

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,

Guaranty Trust Bank Ltd
RC 152321

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,

Guaranty Trust Bank Ltd
RC 152321

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.
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