



## Documents Required

1. Letter of Introduction from relevant authority
2. Passport Photograph for each signatory
3. Proof of identity of all signatories and Trustees
4. Resident Permit or work permit for non-Nigerian
5. Where an entity is listed as a stakeholder or shareholder, provide particulars of Directors (Form CO7) and allotment of shares (Form CO2) of the entity.



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

\*GAPS  E-mail Statement  E-mail Alert Naira  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 on e-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

**\*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:   
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



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 No:   
(For Non Nigerians)

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

Bank Verification No (BVN):

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:

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 3

Title:  Surname:   
(Please specify)

First Name:

Other Name(s):

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





**2.** Title:  Surname:

(Please specify)

First name:

Other Name(s):

Date of Birth:       Gender: Male  Female   
Day Month Year

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) \_\_\_\_\_

Social Security No:

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

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

**3.** Title:  Surname:

(Please specify)

First name:

Other Name(s):

Date of Birth:       Gender: Male  Female   
Day Month Year

Mother's Maiden Name:

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:

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

Social Security No:

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

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

### Accounts held with other banks

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

**Account Opening Mandate**

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

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

b. Signatories

i Title:   
(please specify)

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)

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)

Surname:

First Name:

Other Name(s):

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

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



## Terms and Conditions

We, the within named company hereby request and authorize you to:

1. Open a Guaranty Trust current account in our name.
2. Honour all cheques or other orders which may be drawn on the said account until the Bank receives a written notice to the contrary, provided such cheques or orders are signed by the authorized signatories as stated in our Mandate Card and to debit such cheques or orders to the said account and in consideration we hereby irrevocably and unconditionally agreed and undertake as follows:
  - a. To assume full responsibility for the genuineness or correctness and validity of all signatories of all signatures and/or other documents to deposited in respect of our account with the Bank.
  - b. That advances to the Company by way of overdraft discount, loan mortgage or otherwise credit facilities in any other form, as well as the issuance of guarantees by you from time to time may be requested by any authorized signatory(ies) specified below
  - c. 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 account(s) opened in the name of the company or a 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 company whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint
  - d. "Related Party" means an entity that is: a subsidiary or an affiliate of the company; or an individual (person) that is a director/shareholder of the company; or an entity in which the company is a shareholder.
  - e. That in the absence of any directive to the contrary, any account(s) subsequently opened in the name of the Company shall be operated and dealt with upon the terms set out above in so far as the same may be applicable.
  - f. That no liabilities whatsoever shall be ascribed to the Bank for funds handed to staff of the Bank outside banking hours or outside the Bank's premises, unless by specific agreement in writing with the Bank, and we hereby indemnify and keep the Bank indemnified against all loss, claim, damage or action that may arise therefrom

g. That we have been notified by the Bank and we are aware of the necessity of safeguarding our cheque book and other banking instruments so that unauthorized persons are unable to gain access to the cheque book and any of the other banking instruments as failure or negligence on our part may lead to any loss arising therefrom, for which we shall be solely responsible and the Bank is hereby absolved of all responsibilities.

h. That we shall notify the Bank of any disagreement with entries on our Bank statement within 15 days of receipt of the Bank statement via any medium including but not limited to electronic mail, printed statement or internet banking screen shot, failing which the Bank is expressly permitted to assume that the statement is correct, and that we have no objections.

i. That the Bank may close any of our accounts with the bank, 7 days after dispatch of notice in writing, of the Bank's intention to do so, to us at our last known address.

j. That the Bank may act on any instruction to counter and/or revoke any cheque, draft or other instrument before payment is effected.

k. That we hereby indemnify and keep the Bank indemnified against all loss, claim, damage, action, liability or request for repayment of any loss or damage to funds, instruments or documents deposited with the Bank, which occurs as a result of any Government order, law, levy, tax, embargo, moratorium, exchange restriction and/or other causes beyond the Bank's control.

l. That all funds standing to our credit in our accounts are payable on demand only in such currency as they were remitted or deposited.

m. That we shall be bound by any notification of change in conditions governing our account(s) which is communicated or sent to us at our last known address and such notice, letter or correspondence shall be considered as delivered 7 days from the date of dispatch, and its content shall be binding

n. That the Bank is under no obligation to honour any cheques drawn on this account unless sufficient fund in the account to cover the value of the said cheques, and we understand and agree that such cheque may be returned to us unpaid. In the event that such cheque(s) is/are honoured and paid for any reason whatsoever, we hereby undertake to pay the Bank on demand the value of said cheques, plus bank charges, interest or fees as the bank may require.

- o. That where the Bank, in its absolute discretion, has reasonable grounds to suspect that any cheque, instruction or instrument purportedly issued by us contains any fraudulent element of whatsoever nature, the Bank may refuse to honour such instrument.
  - p. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.
  - q. 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 appropriate law enforcement agencies.
3. We hereby affirm that we are aware that it is crime under the laws of the Federal Republic of Nigeria to issue cheques without sufficient funds in our account in the value of our cheques and we hereby undertake to bear all consequences and/or liabilities arising from our instructions to the Bank to pay on cheques drawn on our account where such account is not sufficiently funded with the value of our cheques.
  4. We also agree that in addition to any general lien or similar right which you may as bankers may be entitled to by law, you may at anytime and without notice to us combine or consolidate all or any of our account liability to you and set-off or transfer any sum(s) standing to our credit in any one or more of such other respect, towards the satisfaction of any liability of the company whatsoever, whether such liability be actual or contingent, primary or collateral and several or joint.
  5. We undertake that we shall not release cash to issue cheques in favour of any staff of the Bank, or transfer money into the account of any staff of the Bank. In the event that we write such cheques or make such transfers, the Bank is hereby indemnified against all loss, claim, damage, action, liability or request for repayment which may arise therefrom;
  6. We acknowledged that the Bank consults with various bureaus and reference agencies, and may be required to disclose the Company's informations to these credit bureaus for the purpose of conducting checks on the Company. We hereby irrevocably and unconditionally grant our consent to the Bank and expressly authorizes such disclosure of any or all information on our account(s)/transaction(s) with the Bank, to such credit bureau and reference agencies whether based locally or abroad, including information on our Directors and other personnel, transactions and conduct on the account together with details of any non payment or delayed payments as the Bank may deem necessary. The consent here in 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.
  7. 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 liability in any jurisdiction. Where required by any domestic or overseas regulators or tax authorities, the customer agrees that the Bank may withhold and pay out from their account(s) such amounts as may be required according to applicable laws, rules and regulations.
  8. 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.
  9. 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 claims arising from my/our operating any account with the Bank. Pursuant to my/our aforesaid indemnity, we hereby 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**

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. 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 \_\_\_\_\_  
\_\_\_\_\_

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

Date      
Day Month Year

## Declaration

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

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

Signed, sealed & delivered by the within named person

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

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

Organisation seal here (if applicable)

## In the presence of:

Name:

Address:

Occupation:

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

## FOR BANK USE ONLY

### Customer Segmentation

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

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

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

### Risk Classification

Low Risk  Medium Risk  High Risk

## Authentication for Politically Exposed Persons

Is the customer a politically exposed person?

Yes  No

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

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

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

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

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

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

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

### Certification

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

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

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

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

## Documents Required

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 photographs for each signatory to the account with the name written on the reverse side	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
5. Letters of Authority from the Head of the Mission in Nigeria/Authority from parent body	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
6. 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"/>
7. 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"/>
8. Letter of Indemnity (where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
9. 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 have known 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 have known 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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