



Documents Required

1. Copy of Constitution, Rules and Regulations of the Association
2. Letter of Introduction stating intention to open an account and introducing the signatories
3. Two suitable references
4. Passport Photograph for each signatory
5. Proof of identity of all signatories and director/officers
6. Tax Identification Number (TIN)
7. Evidence of registration with SCUML (where applicable)

ACCOUNT OPENING FORM – ENTITIES

Form B (Unincorporated Societies/Clubs/Associations)

Category of Business
(Tick as appropriate)

Society ☐ Club ☐ Association ☐ Others ☐ _____
(Please specify)

Account Type
(Tick as appropriate)

Current ☐ Deposit ☐ Domiciliary Account

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

Branch:

ACCOUNT NUMBER (for official use only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Details of Entity (Please complete in BLOCK LETTERS and tick where necessary)

Name of Society/Club/Association:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Registration:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

 Jurisdiction of Registration:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type or Nature of Society/Club/Association:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Operating Address 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Operating Address 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registered Address: (If different from above)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Local Govt. Area:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Website (if any):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Phone Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax Identification Number (TIN):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Estimate Annual Turnover

(a) 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: Internet Banking ☐ *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 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:
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: 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:
(For Non Nigerians) Day Month Year

Permit Expiry Date:
(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 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:

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

Tax identification No:
(If available)

Means of Identification: Identification Number:

ID Issue date: ID Expiry date:
(Nigerians only) Day Month Year (Nigerians only) Day Month Year

Occupation: Status/Job Title:

Position/Office of the Signatory:

Nationality: Nigeria ☐ Others ☐ (Please specify) _____

Resident Permit No: Social Security No:

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)

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: 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

Accounts held with other banks

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

Authority to debit account for search fee

Guaranty Trust Bank Ltd

.....

.....

Dear Sir,

AUTHORITY DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or relevant agency/authority.

Thank you.

Yours faithfully,

Name and Authorized Signature of the
Customer/Representative & Date

Name and Authorized Signature of the
Customer/Representative & Date

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.

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 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

At the meeting of the Club/Society/Association held at _____
on _____ it was resolved that you

1. Open a Guaranty Trust Bank Ltd. 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 endorsements appearing on all cheques, orders, bills, notes, negotiate instruments, receipt and/or other documents deposited in our account.
 - b. To be responsible for the repayment of any overdraft with interest and do to comply and be bound by the Bank's rules for the conduct of a current receipt of which we hereby acknowledged.
 - c. To free the Bank from any responsibility for any loss of or damage to funds deposited with bank due to any future Government order, law, levy, tax, embargo, moratorium, exchange restriction and/or all order cause beyond the Bank's control
 - d. That all funds standing to our credit in our accounts are payable on demand only in such currency as they were remitted or deposited
 - e. To be bound by any notification of change in conditions governing the account directed to our last known address shall be considered as duly delivered and received by us through our last known address either by bearer or by post
 - f. That if a cheque credited to our current account is returned dishonoured, the same may be transmitted to us through our last known address either by bearer or by post
 - g. And we note that the Bank will accept no liability whatsoever for funds handed to members of its staff outside banking hours or outside the Bank's premises
 - h. That our attention has been drawn to the necessity of safeguarding our cheque book so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to our account
 - i. That the Bank is under no obligation to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques, and we understand and agree that any such cheque(s) may be returned to us unpaid but if paid, we are obliged to repay the Bank on demand.
 - j. That any sum standing to debit of the current account shall be liable to interest charges at the current rate by the Bank from time to time. The Bank is authorized to debit from the account the usual banking charges, interest, commissions, and any service charge set by the Bank from time to time.
 - k. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.
3. We agree to give you notice of any anomalies in the statement of account furnished to us by you within 90 (ninety) days of the date thereof; and we understand and agree that failure to give you such notice shall absolve you of all liabilities arising therefrom.
4. We agree to give you prompt notice in such manner as you may from time to time specify of instruction not to honour any cheques, bills of exchange, promissory notes, deposit receipts and other orders for the payment of money drawn, endorsed or accepted on our behalf, and indemnify you for loss arising from such non-payment
5. 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.
6. "Related Party" means an entity that is: a subsidiary or an affiliate of the Club/Society/Association; or an individual (person) that is a member/principal officer of the said Club/Society/Association.
7. We agree that a copy of each of the authorizing Resolution, Constitution/Rules and Regulations and registration certificate be forwarded to the Bank by the Chairman/President together with specimen signature of officers empowered to sign.
8. We agree that in the event of failure of our part to furnish the Bank with the registration documentation as required by the Bank of us, the Bank may hold the signatories herein specified personally liable for the purpose of the account(s) generally.
9. We hereby affirm that we are aware that it is crime under the laws of the Federal Republic of

Nigeria to issue cheque without sufficient funds in our account in the value of our cheques and we hereby undertake to bear all the 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.

10. 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 bank may withhold and pay out from their account(s) such amount may be required according to applicable laws, rules and regulations.
11. 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.
12. 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.
13. Any communication by the Bank shall be deemed to have been made as soon as it is sent to the most recent address or e-mail 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 us to the Bank.
14. 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.
15. 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.
 16. 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.

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.

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:

- i. 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.
- ii. 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.
- iii. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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:
(Please specify)

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

Log-in trail & user activity

Transaction track & payment search

View batch status

Approve and cancel transactions

Account to Debit

Payment and exception reports

Accounts Statement and balance enquiry

Upload & Approve FX transaction

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)	<ul style="list-style-type: none"> I.T/ Finance departments 	<ul style="list-style-type: none"> Set up file type and format Login Trail & User Activity Password Reset Enable and disable
Uploader (UPL)	<ul style="list-style-type: none"> Accounts/Finance/ Treasury 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Accounts/Treasury/ Audit/Human Resources 	<ul style="list-style-type: none"> View batch status & payment records Approve transactions Account Statement & Balance Enquiry Account to debit Payment and exception report
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 to debit 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

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

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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.

Signed, sealed and delivered by the within named person

1. _____
Name Signature

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--	--

--	--	--	--

Day Month Year

2. _____
Name Signature

--	--

--	--

--	--	--	--

Day Month Year

Organisation seal here (if applicable)

In the presence of:

Name:

[illegible]

Address:

[illegible][illegible]

Occupation:

[illegible]

Signature:

Date: _____

--	--

Day

--	--

Month

--	--	--	--

Year

To:

The Manager,
Guaranty Trust Bank Ltd.



Guaranty Trust Bank Ltd
RC 152321

Dear Sir,

Name of Organisation

I/We would wish to confirm that we know the above-named firm 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

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--	--	--	--

Day Month Year

Name: _____

Address: _____

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.

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

To:

The Manager,
Guaranty Trust Bank Ltd.



Guaranty Trust Bank Ltd
RC 152321

Dear Sir,

Name of Organisation

I/We would wish to confirm that we know the above-named firm 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: _____

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.

"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
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 Constitution, Rules and Regulations of the Association	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
5. 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"/>
6. Introduction Letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
7. Status Report from Banker (where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 8. Resident permit or work permit (for non-Nigerians) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Evidence of registration with Nigeria Investment Promotion Council (NIPC) (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Search Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Power of Attorney (Where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Letter of Indemnity (Where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Proof of Company Address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Business premises visitation certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 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"/> |
| 16. 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"/> |
| 17. Two satisfactorily completed reference forms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Copy of audited Financial Statements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. 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