



## 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 completed 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)
8. Where an entity is listed as a Director or Shareholder, provide particulars of Directors (Form CO7) and allotment of shares (Form CO2) of the entity

# 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:  \_\_\_\_\_  
(Please specify)

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

This form should be completed in CAPITAL LETTERS.

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

Branch:

ACCOUNT NUMBER (for official use only)

<input type="text"/>	<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:

Registration Number:

Date of Registration:     Jurisdiction of Registration:

Day      Month      Year

Type or Nature of Society/Club/Association:

Operating Address 1:

Operating Address 2:

Registered Address: (If different from above)

Local Govt. Area:

State:

Email Address:

Website (if any):

Mobile Number:  Phone Number:

Tax Identification Number (TIN):

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



### 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:

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



**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 require 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 aforestated indemnify, we whereby authorize the bank to debit my/our account with the value of any such claims, liability, damages, expenses and cost arising from my/our operating any account with the Bank.

### **Credit Bureau**

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 Ltd, 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

Entity seal (where applicable)
--------------------------------

## In the presence of:

Name:

Address:

Occupation:

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

To:

The Manager,  
Guaranty Trust Bank Ltd.

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**

To:

The Manager,  
Guaranty Trust Bank Ltd.

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