



Documents required

1. Letter of Introduction from relevant authorities
2. Enabling Act/Decree/Certificate of Incorporation
3. Passport Photograph for each signatory
4. Proof of Identity of all signatories and directors/officers
5. When an entity is listed as a stakeholder or shareholder, provide particulars of Directors (Form CO7) and all allotment of shares (Form CO2) of the entity

ACCOUNT OPENING FORM – ENTITIES

Form B (Public Organisation)

Types of Organisation:
(Tick as appropriate)

Ministries ☐ Departments ☐ Agencies ☐ 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: ☐ 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 Organisation (Please complete in BLOCK LETTERS and tick where necessary)

Name of Organisation:

<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"/>

Activity/ Name of Business:

<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 Business 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 Business 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"/>
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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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Supervising Ministry/ Department:

<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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(Where applicable)

Estimate Annual Turnover

Less than N50 Million ☐ N50 Million-less than N500 million ☐

N500 million-less than N5 billion ☐ Above N5 billion ☐

Staff Information and Employee Banking Package

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

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

1 - 50 ☐ 51 - 200 ☐ 201 - 500 ☐ Over 500 ☐

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

Salary Accounts ☐ Pension Enrollment Support ☐ Investment Solutions ☐
Staff Loans ☐ None at this time ☐ Others: _____
(Please specify)

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

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

Yes, please contact us ☐ No, not at this time ☐

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

Name: _____

Job Title: _____ Phone Number: _____

Email Address: _____

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

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

*GAPS ☐ E-mail Statement ☐ E-mail Alert ☒ Token (charges apply) ☐

SMS Alert (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) (N) _____

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: _____ Country of Birth: _____
Day Month Year

Mother's Maiden Name: _____

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: 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 or citizenship of any other country: Yes ☐ No ☐ If yes, which country: _____

Social Security No:

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: Day Month Year Country of Birth:

Mother's Maiden Name:

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

Permit Expiry Date: Bank Verification No (BVN):
(For Non Nigerians) Day Month Year

Do you have residency or citizenship of any other country: Yes ☐ No ☐ If yes, which country:

Social Security No:

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:

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

Permit Expiry Date: Bank Verification No (BVN):
(For Non Nigerians) Day Month Year

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

Social Security No:

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 the Principal Officers

1. Title: Surname:
(Please specify)

First name:

Other Name(s):

Date of Birth: Country of Birth:
Day Month Year

Gender: Male ☐ Female ☐ 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:

[illegible]

Mobile Number: Phone Number:

E-mail Address:

Signature: _____ Date:

3. Title: Surname:

(Please specify)

First name:

Other Name(s):

Date of Birth: Country of Birth

Day Month Year

Gender: Male ☐ Female ☐ Mother's Maiden Name:

Means of Identification: Identification Number:

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

Occupation: Status/Job Title:

Nationality: ☐ Nigeria ☐ Others ☐ (Please specify) _____

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

Social Security No: 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				

Authority to debit account for search fee

Guaranty Trust

.....

.....

Dear Sir,

AUTHORITY DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

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

Thank you.

Yours faithfully,

Name and Authorized signature of the customer/Representative & Date

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Name and Authorized signature of the customer/Representative & Date

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Disability Status

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

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

Yes ☐ No ☐ I prefer not to say ☐

What is the nature of the disability?

Physical/Mobility Impairment ☐ Hearing Impairment ☐ Visual Impairment ☐

Speech Impairment ☐ Cognitive Impairment ☐

Others (Please Specify) _____

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

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

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

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

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

Account Opening Mandate

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

Sole signatory ☐ Two or more ☐ If two more to sign, please specify

b. Signatories

i Title:
(please specify)

Please affix
passport photograph

Surname:

First Name:

Other Name(s):

Class of signatory
(Please indicate class in the box provided) ☐

Signature: _____ Date:
Day Month Year

ii Title:
(please specify)

Please affix
passport photograph

Surname:

First Name:

Other Name(s):

Class of signatory
(Please indicate class in the box provided) ☐

Signature: _____ Date:
Day Month Year

iii Title:
(please specify)

Please affix
passport photograph

Surname:

First Name:

Other Name(s):

Class of signatory
(Please indicate class in the box provided) ☐

Signature: _____ Date:
Day Month Year

Account Mandate and Resolution

At a meeting of the Board of Directors/Executive Council (_____)
(if other body, please state)
of _____ held at _____ on the
_____ day of _____ 20 _____ the following resolutions were duly passed

OR

Upon the authority of _____ (Authorising Officer)
(Name and Destination)
whose written authorisation dated _____ day of _____ 20 _____ is attached with
We _____ resolve as follows
(Name of Organisation)

1. APOINTMENT OF A BANKER:

RESOLVED that Guaranty Trust Bank Limited (herein after refer to as "The Bank") be and is hereby appointed a Banker to the Organisation.

2. OPENING OF AN ACCOUNT

RESOLVED that a Current Account _____ be opened with the Bank
(Please state if other type)

3. DEPOSIT AND WITHDRAWALS

RESOLVED, that until further order of the Board of Directors/Executive Council/Authorising Officer, any funds of this Organisation deposited in the Bank be subject to withdrawal or charge at any time upon cheques, note, drafts, bill of exchange, acceptance, undertaken or other instruments or orders for the payments of money when made, signed, drawn, accepted or endorsed on behalf of this Organisation by the authorised signatories as stated in the column below.

RESOLVED, that the Bank is hereby authorised to pay such instrument or make such charge and also receive the same from the payee or any other holder without inquiry as to the circumstances of issue or the disposition of the proceeds even if drawn to the individual order of signing person, or payable to the Bank or others for his account, or tendered in payment of his individual obligation, and whether drawn against an account in the name of his Organisation or in the name of any officer or agent of this Organisation as such, and at the option of the Bank, even if the account shall not be in credit to the full amount of such instrument of charge.

RESOLVED that prompt notice be given in such manners as the Bank may from time to time specify by instruction, not to honour any cheques, bills of exchange, promissory notes, deposits and other orders for the payment of money drawn, endorsed or accepted on behalf of the Organisation; and to indemnify the Bank for any loss arising from such non-payment.

RESOLVED that the Organisation shall give notice of any anomalies in the statements of accounts furnished to the Organisation by the Bank within 90 (ninety) days of the date thereof, and the Organisation understands and agrees that failure to give such notice shall absolve the Bank of all liabilities arising therefrom.

RESOLVED that the Organisation 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 I/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. LOANS, CREDIT AND SECURITY

RESOLVED, that the authorised signatories as stated in the column below are hereby authorised on behalf of this Organisation.

- a. To borrow money and obtain credit for this Organisation from the Bank on any terms and to make and deliver notes, drafts, acceptances, instruments of guarantee, agreements and any other obligations of this Organisation therefore in form satisfactory to the Bank.
- b. To grant security interest in and/or pledge or assign and deliver, as security for money borrowed or credit obtained, stocks bond, instruments, bill receivables, account mortgages, merchandise, bill-of-lading, warehouse receipts and other documents, insurance policies, certificates and any other property now or hereafter held by or belonging to this Organisation, with full authority to endorse, assign or guarantee any of the same in the name of this Organisation.
- c. To discount any bills receivable or any paper held by this Organisation with full authority to endorse, the same in the name of this Organisation.
- d. To withdraw from the Bank and give receipt for, or to authorise the Bank to deliver to bearer or to one or more designated persons, all or any documents and security or other property held by it, whether held as collateral security or for any other purpose.
- e. To execute and deliver all securities and other agreements, financial statements and other papers required by the Bank in connection with any of the foregoing matters and affix thereto the seal of this Organisation.

"Related Party" means an entity that is: a subsidiary or an affiliate of the Club/Society/Association/organisation; or an individual (person) that is a member/principal officer of the said Club/Society/Association/organisation.

5. AMALGAMATION OF ACCOUNTS

RESOLVED, that the Organisation agrees that in addition to any general lien or similar right to which that Bank may be entitled by law, the bank may at any time without notice, notwithstanding any settlement of account of any matter whatsoever combine or consolidate all or any of the then existing accounts(s) opened in the name of 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 Organisation whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint.

"Related Party" means an entity that is a subsidiary or an affiliate of the Organization; or an individual (person) that is a director of the Organisation; or an entity in which the prganisation is a shareholder/stakeholder.

6. ENABLING ACT AND FINANCIAL REGULATIONS

RESOLVED, that the Bank be furnished with a list of names of the Executive Council members/ Board of Directors of the Organisation and with the specimens of the signatures and that the Bank be authorised to act on any information given by a certified true copy of the Organisation's Resolutions, or written instructions of the Authorising Officer as to any changes therein. Further RESOLVED that the Bank be furnished with a copy of the Act creating the Organisation (the Enabling Act) and that future amendments to the Enabling Act and Financial Regulations governing the borrowing powers of the officers (if any) would be sent to the Bank within 14 days of the registration/filing of such amendments. The Bank would be indemnified against any loss or damages sustained as a result of failure to notify it of any such amendments.

7. FOREIGN EXCHANGE TRANSACTIONS

RESOLVED, that in consideration of the Bank providing foreign exchange facilities to the Organisation from time to time in the ordinary course of business or against the Organisation's imports, the Organisation agrees to:

- a. Deliver to the Bank not later than 60 (sixty) days after the payment of foreign currency or against the Organisation's import transaction and in any other case not later than 10 (ten) days after the arrival of eligible goods in Nigeria, the exchange control copy of the custom Bill of Entry and other allied documents, that may be prescribed from time to time by the laws of Nigerian Customs or Exchange Control regulations.
- b. To indemnify Bank against loss or damage incurred as a result of failure to produce the required Custom Bill of Entry and any other document required by law and to comply with any Nigerian Customs or Exchange Control regulations.
- c. The debiting of the Organisation's account or to pay on demand to the Bank any difference in exchange rate due to a fluctuation in rates between the time

of the instruction and the completion of the transaction.

8. NON DEFAULT REPRESENTATION

The Executive Council/Board of Directors/ Authorising Officer hereby certifies that the Organisation is not in default of any obligation to any of its creditors and that obtaining credit from the Bank will not cause the Organisation to be in default to any of its obligations to its creditors.

9. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.
10. Subject to the provisions of all law, 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.
11. If a breach is associated with operation of the 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, liabilities, 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 aforesated indemnity, we hereby authorise the Bank to debit my/our account with the value of any such claims, liabilities, damages, expenses and cost arising from my/our operating any account with the Bank.
13. 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.

14. 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.

15. 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.

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

Credit Bureau

I/We acknowledge that the bank consults with various credit bureaus and reference agencies, and

may be required to disclose the firm's information to these credit bureaus for the purpose of conducting checks on the firm. I/We hereby irrevocably and unconditionally grant our consent to the bank and expressly authorizes such disclosure of any or all information on my/our account(s) transaction(s) with bank, to such credit bureau and reference agencies whether based locally or abroad, including information on our partner and other personnel, transaction and conduct on my/our account together with details of any non-payment or delayed payments as the bank may deem necessary. The consent herein given discharges the bank from all liabilities, claims, and damages for such disclosure made by the bank to any credit bureau pursuant to the consent herein granted

Consent to Global Standing Instruction (GSI)

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

I understand that:

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

Terms and Conditions For Marketing and Promotional Communications

1. Marketing and Promotional Communications

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

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

2. Right to Withdraw Consent to Receiving Marketing Communications

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

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

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

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

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

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

Limitation of Liability

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

Data Protection and Confidentiality

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

- Nigeria Data Protection Act, 2023 (NDPA);
- Nigeria Data Protection Regulation, 2019 (NDPR);
- NDPR Implementation Framework, 2020, (NDPRIF);
- NDPA General Application and Implementation Directive, 2025 (GAID);
- Central Bank of Nigeria (CBN) Consumer Protection Framework as well as other laws and regulations that may be issued and are applicable from time to time.

The Bank shall take all reasonable steps to ensure the confidentiality and security of my/our data when shared within the Group or with authorised

third parties. The Bank shall also ensure that the Group and authorised third parties have the appropriate technical and organisational measures to ensure the confidentiality and protection of my/our data.

Third Party Messaging and Affiliates

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

Customer Responsibility

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

Updates to the Terms and Conditions

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

Corporate Internet Banking – (GAPS-Lite/GAPS)

Date
Day Month Year

Application Type: GAPS-Lite ☐ GAPS ☐
(Please specify)

GAPS-Lite is a secure app-based service that provides a sole signatory with 24/7 online real time access to the corporate account and other financial service, using secured connections over the internet.

GAPS is a secure-web based service that facilitates the processing of vendor, supplier or payroll payment in batches or single payment, using secured connections over the internet.

Type of Account: Sole Proprietor ☐ Partnership ☐ Unincorporated ☐ Corporate ☐
Others (please specify): _____

Account Information

Account Name: _____ Account No:

Account/Sub Accounts to be profiled:

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

Account Name: _____ Account No:

Account Name: _____ Account No:

GAPS-Lite

Please see below the function available on your profile

Initiate & submit all transactions	View batch status	Accounts Statement and balance enquiry
Log-in trail & user activity	Approve and cancel transactions	Upload & Approve FX transaction
Transaction track & payment search	Account to Debit	Own account transfer
	Payment and exception reports	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 todebit Transaction track
Viewer (VIEW)	<ul style="list-style-type: none"> Audit/Control 	<ul style="list-style-type: none"> View login trail and user activity View batch status & exception report Payment reports

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

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

Additional Feature

Please indicate if necessary: Approval required for own account transfer

☐

Token Request

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

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

Please tick as appropriate: E-Token ☐ Hardware Token ☐

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

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

Means of Identification: _____

Approval Information

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

Name of Director: _____ Signature & Date: _____

Name of Director: _____ Signature & Date: _____

For Official Use

Signature Verification: _____
CIS NAME & SIGNATURE

Approved by _____
OPS HEAD NAME & SIGNATURE

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. 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

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 ☐

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. Approval from the Accountant-General/
Governor/Minister/Commissioner/Director
General/Local Government Chairman/
Secretary/Sole Administrator (whichever
is applicable) authorizing the opening of
account or a Certified true copy of the
Board of Directors/Executive Council
resolution authorizing the opening of
account | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 4. Confirmation letter from the Special
Duties Office of the Accountant-General
authorizing the opening of account
(for Federal Accounts) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 5. Enabling Act/Decree or Certificate of
Incorporation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 6. Copy of Memorandum and Articles of
Association (certified as True copy by
the Registrar of Companies) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 7. Copy of Form CO7 Particulars of Directors
(certified as True copy by the Registrar of
Companies and a certification by a Notary
Public for Foreign Companies) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 8. 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"/> |
| 9. Introduction Letter (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| 10. Status Report from Banker
(where applicable) | <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. Copy of Financial Regulations
(Where applicable) | <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. 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