FBN Merchant Bank Limited RC 264978
10 Keffi Street, Off Awolowo Road, S.W. Ikoyi, Lagos, Nigeria
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www.fbnmerchantbank.com

FBN Merchant Bank

FORM B

ACCOUNT OPENING FORM
ENTITIES (INCORPORATED AND NON-INCORPORATED)

(Please indicate the business category and type of account to open by ticking the applicable box below)

CUSTOMER KYC (ACCOUNT) CATEGORY ☐ CORPORATE CLIENTS ☐ LOCAL FI ☐ FOREIGN FI ☐ LOCAL NON FI ☐ FOREIGN NON FI

ACCOUNT TYPE: ☐ CURRENT ACCOUNT ☐ FIXED DEPOSIT ACCOUNT ☐ DOMICILIARY ACCOUNT $ € ¥ £ Others

THIS FORM SHOULD BE COMPLETED IN CAPITAL LETTERS. CHARACTERS AND MARKS SHOULD BE SIMILAR IN STYLE TO THE FOLLOWING

BRANCH _____ BRANCH CODE _____ ACCOUNT NUMBER _____

1. COMPANY DETAILS (PLEASE COMPLETE IN BLOCK LETTERS AND TICK WHERE NECESSARY)

COMPANY/BUSINESS NAME

CERTIFICATE OF INCORPORATION/ REGISTRATION NUMBER

DATE OF INCORPORATION / REGISTRATION D D M M Y Y Y Y

JURISDICTION OF INCORPORATION/ REGISTRATION

BUSINESS TYPE / NATURE

SECTOR/INDUSTRY

OPERATING BUSINESS ADDRESS 1
STREET NAME
CITY/TOWN LOCAL GOVT. AREA
STATE, COUNTRY

SECONDARY BUSINESS ADDRESS 2
STREET NAME
CITY/TOWN LOCAL GOVT. AREA
STATE, COUNTRY

CORPORATE BUSINESS ADDRESS/REGISTERED OFFICE (IF DIFFERENT FROM ABOVE)
STREET NAME
CITY/TOWN LOCAL GOVT. AREA
STATE, COUNTRY

EMAIL ADDRESS

WEBSITE (IF ANY)

CONTACT NUMBER 1 COUNTRY CODE NUMBER

CONTACT NUMBER 2 COUNTRY CODE NUMBER

PREFERRED MEANS OF COMMUNICATION ☐ POST ☐ E-MAIL ☐ IN PERSON ☐ HOLD MAILS

TAX IDENTIFICATION NUMBER (TIN)

SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG. NO

2. ANNUAL TURNOVER

ANNUAL TURNOVER CURRENCY: ☐ USD ☐ NGN ☐ GBP ☐ EUR

(A) ☐ LESS THAN 50 MILLION ☐ 50 MILLION - LESS THAN N500 MILLION ☐ 500 MILLION - LESS THAN N5 BILLION ☐ ABOVE 5 BILLION

(B) IS YOUR COMPANY QUOTED ON ANY STOCK EXCHANGE? ☐ YES ☐ NO

(C) IF ANSWER TO QUESTION (B) IS YES, INDICATE WHICH STOCK EXCHANGE AND THE STOCK SYMBOL: .....

3. ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK APPLICABLE OPTION BELOW)

CARD PREFERENCES: ☐ VERVE CARD ☐ MASTER CARD ☐ VISA CARD ☐ OTHERS (SPECIFY) _____

ELECTRONIC BANKING PREFERENCES: ☐ INTERNET BANKING ☐ MOBILE BANKING ☐ ATM/POS ☐ OTHER ELECTRONIC CHANNELS (FEES MAY APPLY) SPECIFY _____

TRANSACTION ALERT PREFERENCES: ☐ EMAIL ALERT (FREE) ☐ SMS ALERT (FEE APPLIES)

STATEMENT PREFERENCES: ☐ EMAIL ☐ POST COLLECTION AT BRANCH

STATEMENT FREQUENCY: ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUALLY ☐ ANNUALLY

CHEQUE BOOK REQUISITION: (FEES APPLIES) ☐ OPENED CHEQUE ☐ CROSSED CHEQUE ☐ 25 LEAVES ☐ 50 LEAVES ☐ 100 LEAVES

CHEQUE CONFIRMATION: WILL YOU LIKE TO PRE-CONFIRM YOUR CHEQUES? ☐ YES ☐ NO

CHEQUE CONFIRMATION THRESHOLD: IF THE ANSWER TO THE ABOVE IS YES, PLEASE SPECIFY THE THRESHOLD _____

4. CHEQUE CONFIRMATION THRESHOLD

IF YOU WOULD LIKE TO HAVE A HIGHER THRESHOLD FOR PRE-CONFIRMATION, PLEASE SPECIFY THE AMOUNT (I.E THRESHOLD ABOVE NXXX,000.00)

*IN LINE WITH EXTANT LAW AND EXISTING REGULATION _____

5. ACCOUNT SIGNATORY'S DETAILS

1 TITLE _____ SURNAME _____

OTHER NAME _____ FIRST NAME _____

MOTHER'S MAIDEN NAME _____

DATE OF BIRTH D D M M Y Y Y Y GENDER ☐ M ☐ F

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

NATIONALITY _____ PLACE OF BIRTH _____

STATE OF ORIGIN _____ LGA OF STATE OF ORIGIN _____

DO YOU HAVE DUAL CITIZENSHIP? ☐ YES ☐ NO IF YES, PLEASE STATE SECOND NATIONALITY _____

RESIDENCY STATUS ☐ PERMANENT ☐ TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE) _____

PERMIT ISSUE DATE D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y

OTHER COUNTRY OF TAX RESIDENCE _____

ID TYPE ☐ NATIONAL ID ☐ DRIVER'S LICENSE ☐ INTERNATIONAL PASSPORT ☐ PERMANENT VOTERS' CARD ☐ OTHERS

IF OTHERS PLEASE SPECIFY _____

ID NUMBER _____

ID ISSUE DATE D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y

BANK VERIFICATION NO _____

OCCUPATION _____ STATUS/JOB TITLE _____

POSITION/OFFICE OF THE OFFICER _____

RESIDENTIAL ADDRESS

HOUSE NUMBER STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

MOBILE NUMBER (1) COUNTRY CODE NUMBER MOBILE NUMBER (2) COUNTRY CODE NUMBER

E-MAIL ADDRESS _____

CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDED) ☐ A ☐ B ☐ C SIGNAUTRE _____ DATE D D M M Y Y Y Y

2 TITLE | SURNAME

OTHER NAME | FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH D D M M Y Y Y Y GENDER M F

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY | PLACE OF BIRTH

STATE OF ORIGIN | LGA OF STATE OF ORIGIN

DO YOU HAVE DUAL CITIZENSHIP? YES NO IF YES, PLEASE STATE SECOND NATIONALITY

RESIDENCY STATUS PERMANENT TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y

OTHER COUNTRY OF TAX RESIDENCE

ID TYPE NATIONAL ID DRIVER'S LICENSE INTERNATIONAL PASSPORT PERMANENT VOTERS' CARD OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y

BANK VERIFICATION NO

OCCUPATION | STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS

HOUSE NUMBER STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

MOBILE NUMBER (1) COUNTRY CODE NUMBER MOBILE NUMBER (2) COUNTRY CODE NUMBER

E-MAIL ADDRESS

CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDED) A B C SIGNAUTRE _____ DATE D D M M Y Y Y Y

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3 TITLE | SURNAME

OTHER NAME | FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH D D M M Y Y Y Y GENDER M F

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY | PLACE OF BIRTH

STATE OF ORIGIN | LGA OF STATE OF ORIGIN

DO YOU HAVE DUAL CITIZENSHIP? YES NO IF YES, PLEASE STATE SECOND NATIONALITY

RESIDENCY STATUS PERMANENT TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y

OTHER COUNTRY OF TAX RESIDENCE

ID TYPE NATIONAL ID DRIVER'S LICENSE INTERNATIONAL PASSPORT PERMANENT VOTERS' CARD OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y

BANK VERIFICATION NO

OCCUPATION | STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS

HOUSE NUMBER | STREET NAME

CITY/TOWN | LOCAL GOVT. AREA

STATE, COUNTRY

MOBILE NUMBER (1) COUNTRY CODE NUMBER | MOBILE NUMBER (2) COUNTRY CODE NUMBER

E-MAIL ADDRESS

CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDED) ☐ A ☐ B ☐ C SIGNAUTRE _____ DATE D D M M Y Y Y Y

6A. DETAILS OF DIRECTORS/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

1 TITLE | SURNAME

OTHER NAME | FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH D D M M Y Y Y Y GENDER ☐ M ☐ F

NATIONALITY (FOR NON-NIGERIANS) | PLACE OF BIRTH

DO YOU HAVE DUAL CITIZENSHIP? ☐ YES ☐ NO IF YES, PLEASE STATE SECOND NATIONALITY

RESIDENCY STATUS ☐ PERMANENT ☐ TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y

ID TYPE ☐ NATIONAL ID ☐ DRIVER'S LICENSE ☐ INTERNATIONAL PASSPORT ☐ PERMANENT VOTERS' CARD ☐ OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y

BANK VERIFICATION NO

OCCUPATION | STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS

HOUSE NUMBER | STREET NAME

CITY/TOWN | LOCAL GOVT. AREA

STATE, COUNTRY

MOBILE NUMBER (1) COUNTRY CODE NUMBER | MOBILE NUMBER (2) COUNTRY CODE NUMBER

E-MAIL ADDRESS

2 TITLE | SURNAME

OTHER NAME | FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH D D M M Y Y Y Y GENDER ☐ M ☐ F

NATIONALITY (FOR NON-NIGERIANS) | PLACE OF BIRTH

DO YOU HAVE DUAL CITIZENSHIP? ☐ YES ☐ NO IF YES, PLEASE STATE SECOND NATIONALITY

RESIDENCY STATUS ☐ PERMANENT ☐ TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y

ID TYPE ☐ NATIONAL ID ☐ DRIVER'S LICENSE ☐ INTERNATIONAL PASSPORT ☐ PERMANENT VOTERS' CARD ☐ OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y

BANK VERIFICATION NO

OCCUPATION STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS

HOUSE NUMBER STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

MOBILE NUMBER (1) COUNTRY CODE NUMBER MOBILE NUMBER (2) COUNTRY CODE NUMBER

E-MAIL ADDRESS

3 TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH D D M M Y Y Y Y GENDER ☐ M ☐ F

NATIONALITY (FOR NON-NIGERIANS) PLACE OF BIRTH

DO YOU HAVE DUAL CITIZENSHIP? ☐ YES ☐ NO IF YES, PLEASE STATE SECOND NATIONALITY

RESIDENCY STATUS ☐ PERMANENT ☐ TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y

ID TYPE ☐ NATIONAL ID ☐ DRIVER'S LICENSE ☐ INTERNATIONAL PASSPORT ☐ PERMANENT VOTERS' CARD ☐ OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y

BANK VERIFICATION NO

OCCUPATION STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS

HOUSE NUMBER STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

MOBILE NUMBER (1) COUNTRY CODE NUMBER MOBILE NUMBER (2) COUNTRY CODE NUMBER

E-MAIL ADDRESS

6B DETAILS OF NEXT KIN (SOLE - PROPRIETOR)

TITLE FIRST NAME

SURNAME OTHER NAME

DATE OF BIRTH D D M M Y Y Y Y GENDER ☐ M ☐ F

MOTHER'S MAIDEN NAME

RELATIONSHIP

MOBILE PHONE NUMBER COUNTRY CODE NUMBER EMAIL ADDRESS

CONTACT ADDRESS

HOUSE NUMBER STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

7. ADDITIONAL DETAILS:

NAME AFFILIATED COMPANY/BODY:

1

2

3

PARENT COMPANY'S COUNTRY OF INCORPORATION

BUSINESS ADDRESS OF PARENT/ AFFILIATE COMPANY

8. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE PROPRIETORSHIP

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS ACTIVE/DORMANT
1.				
2.				
3.				
4.				

9. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS AND FINANCIALLY EXPOSED PERSONS

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS POLITICALLY EXPOSED? ☐ YES ☐ NO

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS FINANCIALLY EXPOSED? ☐ YES ☐ NO

RISK ASSESSMENT PROFILE

☐ HIGH RISK - CATEGORY A ☐ MEDIUM RISK - CATEGORY B ☐ LOW RISK - CATEGORY C

10. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

---------- BANK PLC

Dear Sir,
AUTHORITY TO 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,

Authorized Signature of the Customer / Representative & Date

Authorized Signature of the Customer / Representative & Date

11. LETTER OF INDEMNITY

Financial Institutions are permitted to insert their terms to reflect unique business operations.

To: FBN Merchant Bank Limited

Gentlemen,

Please be informed that at the meeting of the above named company held on _____ the following resolutions were passed:

1. That an account be opened in the name of the Company with FBN Merchant Bank Limited. FBN Merchant Bank Limited with the underlisted persons as signatories in line with mandate specified in the enclosed signature cards.

a. _____ c. _____

b. _____ d. _____

2.That FBN Merchant Bank Limited is hereby authorised to debit the above account with the usual banking charges, interest commissions, legal fees etc and we hereby acknowledge that any sum standing to the debit of the Investment Account shall be liable to interest charges at a rate fixed by FBN Merchant Bank Limited from time to time.

3. We hereby agree that in addition to any general lien to which you may be entitled you may at any time and without notice to us combine or consolidate all or any of the Company's account with you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credits, be it cash, cheques, valuables, deposit, securities, negotiable instruments or other assets belonging to the company with you in or towards the satisfaction of any of the company's liabilities to you on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

4. That FBN Merchant Bank Limitedis hereby authorised to honour all cheques, bills, promissory notes, acceptances, receipts, releases, guarantees or indemnities and generally accept all instructions provided same are executed by the above named signatories. INDEMNITY FOR HONOURING FUNDS TRANSFER INSTRUCTIONS AND FOR ACCEPTING THIRD PARTY CHEQUES.

5. We are fully aware that funds transfer instructions in respect of this account shall be by our letter duly signed according to mandate and we hereby acknowledge that the used of facsimile, untested telexes, photocopied letter issued according to our mandate and unaccompanied by original letter from us that will lead to the debit or credit, as the case may be, of our account is associated with additional risks and fraud exposure.

6. In consideration of FBN Merchant Bank Limited Merchant Bank Limited agreeing to accept and act upon any such instructions, communication and documents by facsimiles, untested telexes, electronic mails or photocopied issued according to our mandate and unaccompanied by original copy of our duly signed letter, we hereby irrevocably undertake to indemnify FBN Merchant Bank Limited and hold it harmless from and against all costs. (including but without limitation to) legal fees and expenses, claims, losses, liabilities, damages and proceedings whatsoever that FBN Merchant Bank Limited may suffer or incur or that may arise as a result of FBN Merchant Bank Limited's accepting or acting upon such instructions, communications or documents.

7. Furthermore, we hereby irrevocably release FBN Merchant Bank Limited from all liability, loss and damages in the event that any untested telex or facsimile transmission, electronic mail for photocopied letter is not received or is mutilated, illegible or interrupted, duplicated, incomplete, unauthorized or delayed for any reason, or in the event that termination of the investment with FBN Merchant Bank Limited is duly made by us in accordance with the mandate but contrary to any law or regulation presently in force.

8. FBN Merchant Bank Limited shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, untested telex, electronic mails or photocopied letters unaccompanied by a duly signed original copy of a letter issued by us/or to request verification of documents received by such means.

9. Also in consideration of FBN Merchant Bank Limited issuing or accepting third party cheques and/or drafts from time to time, at our request, we hereby irrevocably undertake that we shall fully indemnify FBN Merchant Bank Limited against all losses, expenses, cost, damages or otherwise, that may occur as a result of the issuance or acceptance of the said third party cheques and /or drafts provided that FBN Merchant Bank Limited is under no obligation to accept third party cheques and/or draft and may at its absolute discretion refuse to accept third party cheques and/or drafts.

10. In consideration of your redeeming our investment in your Promissory Note/Treasury Bill Certificate to be issued from time to time, in the event of our damage or otherwise loss of the Note(s) Certificate(s) evidencing such investment, we hereby undertake to hold you harmless and keep you indemnified from all losses, cost or damages you may sustain, or be put to by reason of your paying on the said Promissory Note/Treasury Bill Certificate, or by reason of the said original Note or Certificate being at any time found or presented for payment and against all claims and demands which may be made in respect thereof.

We undertake further to return to you the original Note or Certificate should it be found by us or again come into our possession at anytime thereafter.

We fully understand and agree that FBN Merchant Bank Limited shall not be liable for any loss or damages sustained by us by reason of the operation of the account provided such loss or damages was nots caused or facililated by FBN Merchant Bank Limited or any of its staff acting on its behalf.

DATED THIS)_____DAY OF_____, 2_____

Signature of Customer & Date _____

Director's Name in full _____ Director or Secretary's Name in full _____

Director's Signature _____ Director or Secretary's Signature _____

Company Seal

*If the account is to be operated by a Sole Signatory, the above Resolutions MUST be signed by at least ONE OTHER DIRECTOR apart from the person appointed as Sole Signatory.

12. ACCOUNT OPENING MANDATE

CUSTOMER KYC (ACCOUNT) CATEGORY (PLEASE TICK AS APPROPRIATE)

☐ JOINT ACCOUNT ☐ FIXED INVESTMENT ACCOUNT ☐ OTHER TYPES OF ACCOUNT

ACCOUNT TYPE: ☐ CURRENT ACCOUNT ☐ FIXED DEPOSIT ACCOUNT ☐ SAVINGS ACCOUNT ☐ DOMICILIARY ACCOUNT $ € ¥ £ Others

ACCOUNT NAME

ACCOUNT NUMBER

MANDATE AUTHORISATION / COMBINATION RULE (PLEASE TICK AS APPROPRIATE): ☐ SOLE SIGNATORY ☐ TWO OR MORE IF TWO OR MORE ARE TO SIGN, PLEASE SPECIFY

SIGNATORIES:

1 TITLE NAME

SURNAME

FIRST NAME

OTHER NAME

CLASS OF SIGNATORY

IDENTIFICATION TYPE

IDENTIFICATION NO

TELEPHONE NUMBER

SIGNATURE DATE D D M M Y Y Y Y

PHOTO

FOR BANK USE ONLY

NAME SIGNATURE

FOR BANK USE ONLY

NAME SIGNATURE

2 TITLE NAME

SURNAME

FIRST NAME

OTHER NAME

CLASS OF SIGNATORY

IDENTIFICATION TYPE

IDENTIFICATION NO

TELEPHONE NUMBER

SIGNATURE DATE D D M M Y Y Y Y

PHOTO

FOR BANK USE ONLY

NAME SIGNATURE

FOR BANK USE ONLY

NAME SIGNATURE

NOTE: Two mandate cards must be filled by each applicant

Financial Institutions can provide more space if the number of Signatories is more than spaces provided.

13. TERMS AND CONDITIONS

To: FBN Merchant Bank Limited

Date _____

Branch _____

Dear Sir,

Please open an investment account in my/our name(s)

_____

_____

I/We request and authorise FBN Merchant Bank Limited until I/we shall give notice in writing to the contrary to honour all orders which
may be drawn on the said investment provided such orders are signed by me/us, in accordance with my/our mandate and I/We request and authorise
FBN Merchant Bank Limited to debit such investment or orders to the said investment with you.

I/We agree as follows:

1. To assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills note negotiable instruments and receipts or other documents deposited for investment.

2. To hold FBN Merchant Bank Limited free from any loss or depreciation of funds deposited with FBN Merchant Bank Limited due to any future Government order, law, levy, tax embargo moratorium, exchange restriction or any other cause beyond your control, and that any or all funds standing to the credit of the investment are payable only at FBN Merchant Bank Limited and only in such local currency, as may then be in local circulation.

3. To accept as due notification any notice of change in conditions governing the investment directed to my/our last known address and to be bound by such change.

4. That any notice or letter addressed to me/us and sent through the post to the address supplied by me/us shall be considered duly delivered to and received by me/us at the time it would be delivered in the ordinary course of post.

5. That if cheques credited to my/our individual joint investment account are returned dishonoured, the same may be transmitted to me/us through my/our last known address either by hand delivery or post. You may notify me/us of the returned cheque via my/our telephone or email.

6. That I/We note that FBN Merchant Bank Limited will accept no liability whatsoever for funds handed to members of its staff outside banking hours or outside FBN Merchant Bank Limited premises.

7. I/We understand and agree that FBN Merchant Bank Limited is under no obligation to honour any withdrawal order on this investment unless there are sufficient funds in the investment to cover the value of the said withdrawal and I/We understand and agree that any such instruction or order may be returned to me/us unpaid.

8. I/We agree that in addition to any general lien or similar right to which FBN Merchant Bank Limited as a licensed financial institution may be entitled by law FBN Merchant Bank Limited may at any time and without prior notice to me/us combine or consolidate all or any of my/our investments with and liabilities to FBN Merchant Bank Limited and set off or transfer any such sums standing to the credits of any one or more of such account or any other credit be it cash, cheque, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with FBN Merchant Bank Limited in or towards satisfaction of any of my/our abilities to FBN Merchant Bank Limited or any other account or in any other respect whether such liability be actual or contingent, primary or collateral and several of joint.

9. In consideration of my/our investment in your Promissory Note(s), Treasury Bill Certificate(s) to be issued from time to time, in the event of my/our damage Or otherwise loss of the Note(s) / Certificate(s) evidencing such investment, I/we hereby undertake to, hold you harmless and keep you indemnified from all loss, costs or damages you may sustain, or be put to by reason of your paying on the said Note(s) Certificate (s) being at any time found or presented for payments and against all claims and demands which may be in respect thereof.

10. I/We undertake further to return to FBN Merchant Bank Limited the original Note or Certificate should it be found by me/us or again come into my/ours possession anytime thereafter.

11. I/We fully understand and agree that FBN Merchant Bank Limited shall not be liable for any loss or damages sustained by me/us by reason of the operation of the account provided such loss or damage was not caused or facilitated by FBN Merchant Bank Limited or any of its staff acting on its behalf.

12. That FBN Merchant Bank Limited is authorised to impose penalties for any withdrawal made prior to maturity or without due notice.

13. That I/We shall from time to time provide FBN Merchant Bank Limited with any documentation necessary for FBN Merchant Bank Limited to determine the validity of the investments through this account.

14. In the absence of clear disposal instruction the principal amount and interest at maturity will be liquidated and FBN Merchant Bank Limited may at its discretion hold the funds in a non interest bearing account pending further instructions or send a payment order or cheque to me/us at my/our last, known address.

15. I/We are fully aware that funds transfer instruction on this account shall be by my/our letter duly signed according to mandate and I/We hereby acknowledge that the use of facsimile, untested telexes, photocopied letters, electronic mails (on letter head or otherwise) or other unsecured means of communication to convey instructions for funds transfers or any other such instructions not backed by duly signed original letter from me/us that will lead to the debit or credit, as the case may be, of my/our account is fraught with additional risks and fraud exposure.

16. In consideration of FBN Merchant Bank Limited agreeing to accept and act upon any such instructions communication and documents, by facsimile, untested telexes, electronic mails or photocopied letters issued according to my/our mandate unaccompanied by original copy of our duly signed letter, I/We hereby irrevocably undertake to indemnify FBN Merchant Bank Limited and hold it harmless from and against all cost, (including but without limitation to) legal fees and expenses claims, losses, liabilities, damages and instructions, communication or documents.

17. Furthermore, I/We hereby irrevocably release FBN Merchant Bank Limited from all liability, loss and damages in the event that any untested telex or facsimile transmission, electronic mail or photocopied letter is not received or mutilated, illegible or interrupted, duplicated, incomplete, unauthorized or delayed for any reason, or in the event that termination of the investments with FBN Merchant Bank Limited is duly made by me/us in accordance with the mandate but contrary to any law or regulation presently in force.

18. FBN Merchant Bank Limited shall have absolute discretion, for any reason, whatsoever, to act or not to act upon documentation received by facsimile, untested telex, electronic mail or photocopied letter unaccompanied by a duly signed original copy of a letter issued by me/us and/or to request verification or documents received by such means.

19. Also, in consideration of FBN Merchant Bank Limited issuing or accepting third party cheques and/or draft from time, to time, at my/our request, I/we hereby irrevocably undertake that I/we shall fully indemnify FBN Merchant Bank Limited against all losses, expenses, costs damages or otherwise, that may occur as a result of the, issuance or acceptance of the said their party cheques and or/draft.

20. With respect to joint investment, FBN Merchant Bank Limited may rely upon the authority of those present without more for purpose of dealing with us until the receipt by FBN Merchant Bank Limited of an instruction revoking or modifying same provided however that in the case of an actual or suspected crisis or deadlock in the running/maintenance of the investment, FBN Merchant Bank Limited shall at its circumstances to protect our interest (including but not limited to the acceptance or rejection of a purported instruction) and we hereby indemnify FBN Merchant Bank Limited for any loss howsoever arising incurred by FBN Merchant Bank Limited as a consequence of FBN Merchant Bank Limited's action(s) in such circumstances. "FBN Merchant Bank Limited views seriously

incidence of dud cheque issuance. To this end, we expect FBN Merchant Bank Limited customers to take steps to avoid issuance of same. FBN Merchant Bank Limited shall report incidence of dud cheques to appropriate authorities for their further action

FBN Merchant Bank Limited views seriously incidence of dud cheques issuance. To this end, we expect FBN Merchant Bank customers to take steps to avoid issuance of same. FBN Merchant Bank shall report incidence of dud cheques to appropriate authorities for their further action.

21. IT IS HEREBY AGREED AS FOLLOWS;

a. I/We hereby authorise FBN Merchant Bank Limited to initiate, roll over or reinvest our investment in Commercial Paper Note(s) hereafter referred to as "Instrument (s)" issued by various registered companies in Nigeria and the authority herein given shall extend to FBN Merchant Bank Limited as its sole discretion moving my/our said investment from one particular instrument to another in good faith and as demanded by commercial expediency.

b. I/We hereby authorise FBN Merchant Bank Limited to maintain safe custody of the instrument (s) on its behalf for the tenor of the investment.

c. FBN Merchant Bank Limited's role is limited to the custody of the instrument(s). It is does not imply or include recourse for the value or worth of the investment.

d. I/We agree that the responsibility for the repayment of the value of the investment shall be that of the issuers of the instrument(s).

e. In the event of loss or destruction of the instrument(s) whether or not due to lack of diligence or care on the part of FBN Merchant Bank Limited, the issuer(s) of the instrument(s) will repay me/us the value of the instrument upon proper identification or evidence of title to the instrument(s).

f. I/We agree and understand that the commitment of FBN Merchant Bank Limited to maintain custody of the instrument(s) is limited to the forgoing conditions only and no further commitments is intended, whether express or implied.

22. That the above resolutions/mandate shall remain valid and in force until rescinded by notice in writing under my/our hand.

FOR KERA CUSTOMERS

1. That one of the account owners must be eligible to operate the KERA account, and that, the account will be converted to our Promissory Note Backed Investment (PNBI) if the survivor (Joint Account Owner) is not eligible to operate the account.
2. The principal Account Holder is authorized to alter the mandate on the account or remove any of the Joint Account Holder(s) at his discretion and without reference/ consent of the other Account Holders.

JOINT ACCOUNT HOLDERS

NAME	TELEPHONE	EMAIL ADDRESS	SIGNATURE

DATED THIS _____ DAY OF _____ 2_____

Signature (s) of Customer(s) _____

_____

Name(s) in Full _____

FOR INTERNAL USE

1. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED CHECKED	CHECKED	DEFERRED	WAIVED	N/A
A.	DULY COMPLETED AND SIGNED ACCOUNT OPENING FORM (ALL RELEVANT FIELDS MUST BE COMPLETED)				
B.	DULY COMPLETED AND SIGNED SPECIMEN SIGNATURE CARD(S), WHERE REQUIRED				
C.	BOARD OR PARTNERSHIP RESOLUTION / MANDATE LETTER / APPROVAL LETTER (FOR PUBLIC SECTOR ORGANISATIONS).				
D.	TWO (2) CLEAR PASSPORT-SIZE PHOTOGRAPHS OF EACH SIGNATORY, WITH NAMES WRITTEN ON THE REVERSE SIDE.				
E.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE CERTIFICATE OF REGISTRATION				
F.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE PARTNERSHIP DEED (PARTNERSHIP CONSTITUTION), THE CLUB, SOCIETY, ASSOCIATION OR CHARITY'S CONSTITUTION OR ITS EQUIVALENT				
G.	THE COPY OF THE ENABLING ACT/DECREE (WHERE APPLICABLE).				
H.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE REGULATORY OR SUPERVISORY LICENSE TO OPERATE, IF ANY				
I.	THE CTC OF THE MEMORANDUM & ARTICLES OF ASSOCIATION (MEMART) OR ITS EQUIVALENT.				
J.	THE CTC OF THE PARTICULARS OF SHAREHOLDERS OR ITS EQUIVALENT.				
K.	THE CTC OF THE PARTICULARS OF DIRECTORS OR ITS EQUIVALENT.				
L.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE PROOF OF REGISTERED ADDRESS OF THE COMPANY.				

S/N	DOCUMENTS REQUIRED CHECKED	CHECKED	DEFERRED	WAIVED	N/A
M.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE MEANS OF IDENTITY AND PROOF OF ADDRESS OF ALL SIGNATORIES TO THE ACCOUNT, AT LEAST TWO (2) DIRECTORS AND EACH INDIVIDUAL SHAREHOLDER WITH AT LEAST 5% INTEREST, OR PARTNER AS APPLICABLE				
N.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE INCORPORATION DOCUMENTS OF CORPORATE SHAREHOLDERS WITH AT LEAST 5% INTEREST.				
O.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE VALID RESIDENCE PERMIT OF A RESIDENT NON-NIGERIAN SIGNATORY, DIRECTOR AND/OR SHAREHOLDER WITH AT LEAST 5% INTEREST				
P.	TWO INDEPENDENT AND SATISFACTORY REFERENCES				
Q.	SEARCH REPORT (WHERE APPLICABLE)				
R.	POWER OF ATTORNEY				
S.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE CERTIFICATE ISSUED BY THE SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML)				
T.	TAX IDENTIFICATION NUMBER (TIN), IF ANY				
U.	DULY COMPLETED KYC/AML QUESTIONNAIRE ON THE BANK'S LETTERHEAD				
V.	EVIDENCE OF REGISTRATION WITH NIGERIAN INVESTMENT PROMOTION COUNCIL				
W.	LATEST ANNUAL ACCOUNTS AND REPORT OF THE COMPANY, IF ANY				

A. ACCOUNT OPENED BY:

NAME

SIGNATURE DATE D D M M Y Y Y Y

NAME

SIGNATURE DATE D D M M Y Y Y Y

B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:

NAME

SIGNATURE DATE D D M M Y Y Y Y

NAME

SIGNATURE DATE D D M M Y Y Y Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

NAME

SIGNATURE DATE D D M M Y Y Y Y

NAME

SIGNATURE DATE D D M M Y Y Y Y

COMMENTS(S): (ADDRESS DESCRIPTION AND RESULT FINDINGS)

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D. ACCOUNT OPENNG AUTHORISED / APPROVED BY:

NAME

SIGNATURE DATE D D M M Y Y Y Y

NAME

SIGNATURE DATE D D M M Y Y Y Y

Reference Form

FBN Merchant Bank

The Manager
FBN Merchant Bank Limited
10 Keffi Street, Off Awolowo Road,
S.W. Ikoyi, Lagos, Nigeria

Dear Sir,

Name(s) of Prospective New Customer(s) _____

_____

I/We understand that the above named person(s) has/have applied to open an Investment Account with you.

I/We have known the above named company for

and I/We comment on its reputation:- _____

CAUTION! IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOW TO YOU

_____

_____

I/We also confirm that the applicant is a person / are persons to whom the usual banking facilities may be extended. I/We maintain current account(s) with

Referee's Name (Coy.) _____

Name of Bank/Branch _____

_____

and the account number(s) is/are _____

We authorise you to contact the above named bankers for the purpose of verifying our standing and the status of our account with them. _____

Yours faithfully

Name (in block letters)

_____ _____

A part of the FBN Holdings Group

Reference Form

FBN Merchant Bank

The Manager
FBN Merchant Bank Limited
10 Keffi Street, Off Awolowo Road,
S.W. Ikoyi, Lagos, Nigeria

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A part of the FBN Holdings Group