

APPLICATION TO OPEN A CURRENT ACCOUNT (BUSINESS)

Company Name: _____

Certificate of incorporation No: _____

Date of Incorporation: _____

Business Address: _____

(Not P.O.Box)

Residential Address (If different from above): _____

Nature of Business _____

Telephone No(s): _____

Fax No(s): _____

E-mail _____

Name: _____

Job Title: _____ Mob: _____ D/L: _____ E-mail: _____

Name: _____

Job Title: _____ Mob: _____ D/L: _____ E-mail: _____

Name: _____

Job Title: _____ Mob: _____ D/L: _____ E-mail: _____

Correspondence Address for bank mail (where different from Business Address):

ACCOUNT WITH OTHER BANKS IN NIGERIAN

Bank Name: _____

Bank Address: _____

Account No: _____

MANDATE AND RESOLUTIONS

1. Pursuant to this application, a meeting of the board of Directors of Apex Trust micro Finance Bank Limited was held and it was resolved and declared that a current account be opened with Apex Trust Micro Finance Bank limited ("Bank") and the Bank is hereby authorized to honour the instructions of the persons whose signature are contained in the specimen signature card delivered to the Bank.
2. The Company shall give notice of any anomalies in statement furnished by the Bank within 90 days of the date thereof of the failure of which absolved Bank from all liabilities thereof. It was further resolved that the Bank may combine or consolidate all or any of the company's accounts and set off or transfer any ums or asset standing to the credit of or one more of such accounts towards the satisfaction of the company' s liabilities to the Bank.
3. That the Bank be instructed to pay and honour all cheques, drafts or other orders to be drawn on behalf of the company upon the banking account(s) whether credit or debit kept in the name of the company with the Bank and expressed to be accepted or made on behalf of the Company at any time, whether the banking account(s) of the Company are overdrawn by the payment thereof, are in credit, or otherwise but without prejudice to the Bank's right to refuse to allow any overdraft or increase of any overdraft.
4. That the authorized signatories as stated herein are herby authorized on behalf of the company:
 - To borrow money and to obtain credit for the company from the Bank on any terms and to make and deliver notes, drafts, acceptances, instrument of guarantee, agreements and any other obligations of the company therefore in a form satisfactory to the Bank.
 - To grant security interest in and /or pledge or assign and deliver, as security for money borrowed or credit obtained, stocks, bond, instruments, bills receivable, accounts, 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 the company, with full authority to endorse, assign or guarantee any of the same in the name of the company.
 - To discount any bills receivable or any paper held by the company with full authority to endorse the same in the name of the company.
 - To withdraw from the Bank and give receipt for, or to authorize the Bank to deliver to bearer or one or more designated persons, all or any documents and securities or any property held by it, whether held by it, whether held as collateral security or for safekeeping or any other purpose.
 - To authorize and request the Bank to purchase or sell for account of the company stocks, bonds and other securities.
 - To execute and deliver all security and other agreements, financing statements and other papers required by the Bank in connection with any of the foregoing matters.
5. That any and all withdrawals and borrowing of money and/or other transactions on behalf of the company with the Bank are herby ratified, confirmed and approved, and hat Bank may rely upon the authority conferred by this mandate until the receipt by it of a mandate revoking or modifying the same.

The company/Firm understands and agrees:

- i. That any disagreements with entries on the company/Firms Bank statements will be made by the company/Firm within 15 days of the dispatch of the Bank statement. Failing receipt by the Bank of a notice of disagreement of the entries within 15 days from the date of dispatch of the company/Firms Bank statement, it will be assumed by the Bank that the statement rendered is correct.

- ii. That any sum standing to the debit of this account shall bear interest. The company/Firm further understands that any sum standing to the debit of the account shall be liable to interest charges at a rate fixed by the Bank from time to time. The Bank is authorised to debit from the account the usual banking charges, interest, commissions and any sums wrongly credited to the account and to take such steps to recover such sums with interest thereon. That the Bank is not bound to honour any cheque(s) drawn on this account unless there are sufficient funds.
 - iii. To be responsible for repayment of any overdraft with interest.
 - iv. To assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or other documents deposited in my/our account.
 - v. To comply with and be bound by the terms and conditions governing the operation of the account(s)
6. That the company/firm shall not be entitled to the value of a cheque lodged with the Bank until after the requisite clearing period in accordance with the clearing rules in force as at the time of lodging the said cheque. Where the Bank, however allows drawings by the company/Firm against uncleared cheque(s) and the cheque(s) is returned thereafter, it shall have the right to hold on to the returned cheque(s) and take any further action it deems appropriate to recover the value of the cheque from the company/Firm, with interest.
 7. That the Bank shall whenever it deems appropriate, have a right to confirm the issuance of a cheque drawn on the Company/Firm's account(s) directly from the signatories of the account(s), failings which the Bank may return the cheque(s) with "Drawers Confirmation/Attention Required" endorsed thereon.
 8. That we agree and undertake to safe guard our cheque book so that unauthorised persons are unable to have 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 and shall exempt the Bank from the liability thereof.
 9. That the Bank may at its discretion close our account(s) giving at least seven (7) days notice in event that it is dissatisfied with the operation thereof whether or not the account be in credit or debit.
 10. That the Company/Firm shall provided the Bank with a list the names of officers of the Company/Firm, and shall from time to time, inform the Bank in writing of any changes which may take place.
 11. That the Bank is hereby authorized to honour the instruction of the persons stated below and whose signature are in the specimen card delivered to the Bank.

| S/N | Name | Title | Signature |
|---|------|-------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| Authorised combination (where applicable) | | | |

The persons whose signature appear below, one of whom is a Director of the Company, have been duly authorised to mandate the opening of account. the information provided for the opening of this account is true and correct in all material respect.

Date this _____ day of _____ Date _____

CERTIFIED TRUE COPY

Name: _____

Name: _____

Designation _____

Designation _____

Signature _____

Signature _____

Company Seal and Stamp

Signatory Personal Information Form

Name

Title

Date of Birth: DD MM YYYY Sex: Male Female

Marital Status: Married Single Widowed

Suffix

Next of Kin

Usual Name

Mode of Identification

Country of Origin State

Local Govt. Area

Residential Contact Address

Mailing Address

E-mail Address

Buisness Phone Fax

Home Phone

Mother's Maiden Name (Optional)

Account Title

I hereby attest that the above information is true and complete

Signature

Date

Name

Bank use only

Verified By

Signatory Personal Information Form

Name

Title

Date of Birth: DD MM YYYY Sex: Male Female

Marital Status: Married Single Widowed

Suffix

Next of Kin

Usual Name

Mode of Identification

Country of Origin State

Local Govt. Area

Residential Contact Address

Mailing Address

E-mail Address

Buisness Phone Fax

Home Phone

Mother's Maiden Name (Optional)

Account Title

I hereby attest that the above information is true and complete

Signature

Date

Name

Bank use only

Verified By

Letter of Set-off

The Managing Director,
Apex Trust Micro-Finance Bank Limited
Dugbe,
Ibadan

Branch

Dear Sir,

letter of Set-off for Apex Trust Micro-Finance Bank Limited

In Consideration of your giving me/us financial and or banking accommodation and other facilities I/We agree that in addition to any other general lien or similar right which you as bankers may be entitled to by law, you may at anytime and without notice to me/use combine or consolidate all or any my/our accounts with and liabilities to you and set-off or transfer any sum or sums standing to the credit of anyone or more of such account in our towards satisfaction of any of my/our liabilities to you on any other account or in other respect whether such liabilities be actual or contingent primary or collateral and several or joint

Date this

Day of

The Common Seal of

Was hereunto affixed in the presence of:

Director

Secretary/Director

Customer Physical Visitation Form

Name

To

In line with Bank's procedural requirements, I hereby submit report on customer physical visitation as follows

1. Name of customers
2. Physical address visited
3. Tel. Number of Physical address
4. Address given by customer (in the Opening Form)
5. Explanation of difference between (2) & (4)
6. Date of physical visitation
7. Observation/operations of the company
8. Other comments

Signature of visiting staff

Date

Signature of visiting staff

Date

I hereby confirm the existence of the residence at

Cheque Requisition

APEX Trust Micro Finance Bank Limited

Branch Date

Please send by registered mail

Book of blank cheque deliver to bearer

For Current Account Number

Please Charge my/our account with # for payment of correspondence and stamp duty.

Customer(s)

Signature(s)

Cheques Nos.

Mailed Recieved by

FOR BANK USE ONLY

DOCUMENTS OBTAINED

| | Yes | Deferred | Waived |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| COMPLETE SIGNATURE CARD (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| REFERENCE FORM (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MEMO & ARTICLE OF ASSOCIATION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COPY OF CERTIFICATE OF REGISTRATION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COPY OF FORM C07 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PASSPORT PHOTOS (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UTILITY BILL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IDENTIFICATION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DOCUMENTATION CHECKED

CRO _____
 NAME INITIAL DATE

DEFERRAL/WAIVER OF DOCUMENT AUTHORISED

 NAME INITIAL DATE

ACCOUNT OPENING AUTHORISED

 NAME INITIAL DATE