

Pennywise



Microfinance Bank Ltd.
RC 1151917

ACCOUNT OPENING
DOCUMENT

CORPORATE

HOW TO OPEN YOUR CORPORATE CURRENT ACCOUNT

1. Complete all relevant portions of the Account opening application form.
2. Complete the enclosed signature card.
3. Insert your company name on the two reference forms endorsed and get individuals or companies who/which currently maintain current accounts with any Bank in Nigeria to act as your referee. Your account will be opened faster if the referee(s) maintain accounts with Pennywise Microfinance Bank Ltd.
4. Supply the under listed documents along with completed application package. Please bring along the following original documents for sighting.
 - a. Certificate of incorporation of your company.
 - b. Certified Memorandum and Articles of Association of your company.
 - c. Form C07 and C02
 - d. Two passport photograph of each Signatory to the Account (with full face forward).
 - e. Identification document for signatories to the Account, e.g. Driving License, International Passport, Staff Identity Card, Association Identity Card, Voter's Card.
 - f. Resident Permit for foreign citizens.
 - g. 3 months Current Utility Bills
5. Mandate and Resolutions in the package is to be signed by the Directors and Secretary with the Company Seal.

APPLICATION TO OPEN A CURRENT ACCOUNT

Company Name: _____

Certificate of incorporation No: _____

Date of Incorporation: _____

Registered Office (If Different from above): _____

Tax Identification Number: _____

Local Government Area: _____

Nature of Business: _____

Telephone No(s): _____

Fax No(s): _____

KEY CONTACT PERSON(S)

Name: _____			
Surname	First Name	Middle Name	
Job Title: _____ Mob: _____ D/L: _____ E-mail: _____			

Name: _____			
Surname	First Name	Middle Name	
Job Title: _____ Mob: _____ D/L: _____ E-mail: _____			

Name: _____			
Surname	First Name	Middle Name	
Job Title: _____ Mob: _____ D/L: _____ E-mail: _____			

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

ACCOUNT WITH OTHER BANKS IN NIGERIA

Bank Name: _____

Bank Address: _____

MANDATE AND RESOLUTIONS

Pursuant to this application, a meeting of the Board of Directors of the Company was held and it was resolved and declared that a current account be opened with Pennywise Microfinance Bank Ltd. ("the Bank) and the Bank is hereby authorized to honour the instructions of the persons whose signatures are contained in the specimen signature card delivered to the Bank.

The company shall give notice of any anomalies in statements furnished by the Bank within 90 days of the date thereof the failure of which absolves the 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 sum or asset standing to the credit of or one more of such accounts towards the satisfactions of the Company liabilities to the Bank.

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

Dated this: _____ day of: _____ Date: _____

CERTIFIED TRUE COPY

Name: _____

Name: _____

Designation: _____

Designation: _____

Signature: _____

Signature: _____

1. ACCOUNT SIGNATORY'S DETAILS

Surname Other Name
First Name Mother's Maiden Name
Date of Birth Gender: M F Title
Nationality for non Nigerians)
Means of Identification ID Number
ID Issue Date ID Expiry Date CERPAC / Resident Permit No.
Biometric ID No:
Occupation Status/Job Title
Position/Office of the Officer
Residential Address
House Number Street Name
Nearest Bus Stop/Landmark
City/Town Local Govt. Area
State
Phone Number (1) Phone Number (2)
E-mail Address
Class of Signatory (Please indicate class in the box provided) Signature _____ Date

2. ACCOUNT SIGNATORY'S DETAILS

Surname Other Name
First Name Mother's Maiden Name
Date of Birth Gender: M F Title
Nationality for non Nigerians)
Means of Identification ID Number
ID Issue Date ID Expiry Date CERPAC / Resident Permit No.
Biometric ID No:
Occupation Status/Job Title
Position/Office of the Officer
Residential Address
House Number Street Name
Nearest Bus Stop/Landmark
City/Town Local Govt. Area
State
Phone Number (1) Phone Number (2)
E-mail Address
Class of Signatory (Please indicate class in the box provided) Signature _____ Date

3. ACCOUNT SIGNATORY'S DETAILS

Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender: M F Title

Nationality for non Nigerians)

Means of Identification ID Number

ID Issue Date ID Expiry Date CERPAC / Resident Permit No.

Biometric ID No:

Occupation Status/Job Title

Position/Office of the Officer

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

Class of Signatory (Please indicate class in the box provided) Signature _____ Date

4. ACCOUNT SIGNATORY'S DETAILS

1. DETAILS OF THE DIRECTOR'S EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICE

Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender: M F Title

Nationality for non Nigerians)

Means of Identification ID Number

ID Issue Date ID Expiry Date CERPAC / Resident Permit No.

Biometric ID No:

Occupation Status/Job Title

Position/Office of the Officer

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

Class of Signatory (Please indicate class in the box provided) Signature _____ Date

2. DETAILS OF THE DIRECTOR'S EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICE

Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender: M F Title

Nationality for non Nigerians)

Means of Identification ID Number

ID Issue Date ID Expiry Date CERPAC / Resident Permit No.

Biometric ID No:

Occupation Status/Job Title

Position/Office of the Officer

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

Class of Signatory (Please indicate class in the box provided) Signature _____ Date

3. DETAILS OF THE DIRECTOR'S EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICE

Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender: M F Title

Nationality for non Nigerians)

Means of Identification ID Number

ID Issue Date ID Expiry Date CERPAC / Resident Permit No.

Biometric ID No:

Occupation Status/Job Title

Position/Office of the Officer

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

Phone Number (1) Phone Number (2)

E-mail Address

Class of Signatory (Please indicate class in the box provided) Signature _____ Date

DETAILS OF A SOLE PROPRIETOR

I. PERSONAL INFORMATION

Title Surname
First Name Other Name
Marital Status: (Please tick) Single Married Others (please specify)
Date of Birth Place of Birth
Mother's Maiden Name
Nationality (for non Nigerian) CERPAC / Resident Permit No.
Permit Issue Date Permit Expiry Date
L.G.A. State of Origin
Tax Identification Number (TIN)

II. CONTACT DETAILS

Business/Residential Address
House Number Street Name
Nearest Bus Stop/Landmark
City/Town Local Govt. Area
State
Phone Number (1) Phone Number (2)
E-mail Address

III. MEANS OF IDENTIFICATION

National ID Card National Driver's Licence International Passport Valid INEC Voters Card *Others (Please specify)
ID No. ID Issue Date ID Expiry Date
Biometric ID No:

People in peculiar circumstances - Artisans, Petty Traders, Students who may not have prescribed Id's

IV. DETAILS OF NEXT OF KIN

Surname Other Name
First Name Gender: M F Title
Date of Birth Relationship
Mobile Number (1) Mobile Number (2)
E-mail Address

Contact Details

House Number Street Name
Nearest Bus Stop/Landmark
City/Town Local Govt. Area
State

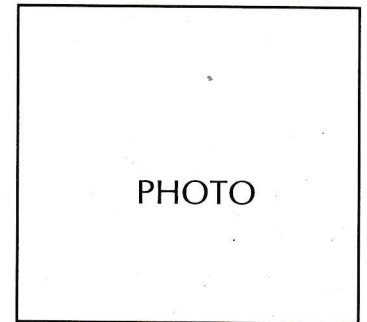
S/N	Name	Title	Signature
1			
2			
3			
4			

Authorized combination (where applicable)

I. SIGNATORY 1

Surname: _____
 First Name: _____
 Other Name: _____
 Class of Signatory _____
 Mandate Instruction _____

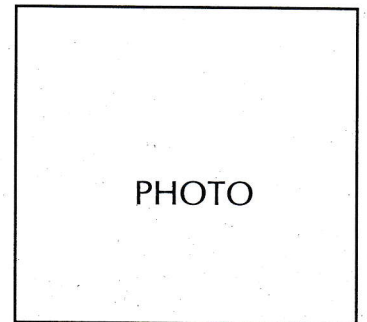
Signature & Date



I. SIGNATORY 2

Surname: _____
 First Name: _____
 Other Name: _____
 Class of Signatory _____
 Mandate Instruction _____

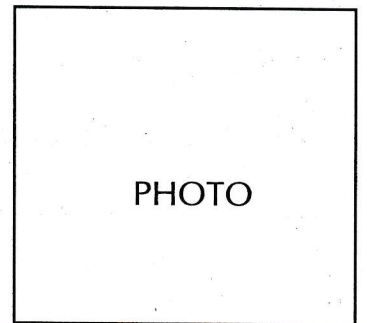
Signature & Date



I. SIGNATORY 3

Surname: _____
 First Name: _____
 Other Name: _____
 Class of Signatory _____
 Mandate Instruction _____

Signature & Date



FOR BANK USE ONLY (HOP)
 Name _____ Signature _____

FOR BANK USE ONLY (HOP)
 Name _____ Signature _____

FOR BANK USE ONLY

DOCUMENT OBTAINED

	Yes	Deferred	Waived
COMPLETED SIGNATURE CARD (1)	<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 C02 & FORM C07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASSPORT PHOTO(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UTILITY BILLS/OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEANS OF IDENTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATION CHECKED

C.S.O. _____
 NAME INITIAL DATE

DEFERRAL/WAIVER OF DOCUMENTS AUTHORISED:

_____ _____ _____
 NAME INITIAL DATE

ACCOUNT OPENING AUTHORISED

_____ _____ _____
 NAME INITIAL DATE