

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 Micrfofinance 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:	·	2	
Certificate of inco	orporation No:		
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Pagistared Office	(If Different from above)	•	*
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ax No(s):			
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Name:	Surname	ř	ACTION N
			Middle Name —— E-mail:
Name:	Surname	First Name	Middle Name
Job Title:			E-mail:
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Name:	Surname	First Name	Middle Nove
Job Title:	Mob:		Middle Name
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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:		day of: Date:		Date:	
,			CERTIFIED TRUE COPY			
Name:		v.	_ Name:	50		
Designation:			Designation:			
	4					
Signature:	1	- 1 P	Signature:			

1. ACCOUNT SIGNATORY'S DETAILS
Surname Other Name
First Name Mother's Maiden Name
Date of Birth D M M Y Y Y Y Gender: M F Title
Nationality for non Nigerians)
Means of Identification ID Number
ID Issue Date D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y 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
Surname Other Name
Surname Other Name Mother's Maiden Name
Surname Other Name Mother's Maiden Name Date of Birth Gender: M F Title
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Surname First Name Date of Birth
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3. ACCOUNT SIGNATORY'S DETAILS	
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First Name	Mother's Maiden Name
Date of Birth D M M Y Y Y Y Gender: M	F Title
Nationality for non Nigerians)	
Means of Identification	ID Number
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Biometric ID No:	
	Status/Job Title
Occupation Position/Office of the Officer	
Residential Address	
Tiouse runner	
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
	EES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICE
1. DETAILS OF THE DIRECTOR'S EXECUTIVES/TRUST	Other Name
1. DETAILS OF THE DIRECTOR'S EXECUTIVES/TRUST Surname First Name	Other Name Mother's Maiden Name
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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 D D M M Y Y Y Y Gender: M F Title
Nationality for non Nigerians)
Means of Identification ID Number
ID Issue Date D M M Y Y Y Y ID Expiry Date D M M Y Y Y Y CERPAC/
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 D D M M Y Y Y
Signature Date
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Surname Other Name Other Name First Name Mother's Maiden Name Date of Birth Gender: M F Title
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Surname Other Name
Surname Other Name
Surname Other Name Mother's Maiden Name Date of Birth

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 Do M M Y Y Y Y Place of Birth]
Mother's Maiden Name	
Nationality (for non Nigerian) CERPAC / Resident Permit No.	
Permit Issue Date Permit Expiry 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 Lonce International Passport Valid INEC Voters Card *Others (Please specify)	
ID No. ID Issue Date D D M M Y Y Y Y ID Expiry Date D D M M	YYY
Biometric ID No:	
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First Name Gender: M F Title	<u> </u>
D D M M Y Y Y Y	
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Mobile Number (1) Mobile Number (2)	
E-mail Address	
Contact Details	
House Number Street Name	
Nearest Bus Stop/Landmark	
City/Town Local Govt. Area	

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L. SIGNATORY 1 Surname: First Name: Other				7
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Signature

Name

Signature

FOR BANK USE ONLY

DOCUMENT OBTAINED

	Yes	Deletted Walved
COMPLETED SIGNATURE CARD (1)		
REFERENCE FORM (2)		
MEMO & ARTICLE OF ASSOCIATION		
COPY OF CERTIFICATE OF REGISTRATION		
COPY OF FORM C02 & FORM C07		
PASSPORT PHOTO(S)		
UTILITY BILLS/OTHERS		
MEANS OF IDENTIFICATION		
DOCUMENTATION CHECKED	,	
C.S.ONAME	INITIAL	DATE
NAIVIE		
DEFERRAL/WAIVER OF DOCUM	ENTS AUTHORISED:	
NAME	INITIAL	DATE
ACCOUNT OPENING AUTHORIS	ED	
NAME	INITIAL	DATE