



PROVIDUSBANK

ACCOUNT OPENING FORM

(Corporate)



1. ACCOUNT INFORMATION

This form should be completed in CAPITAL LETTERS.

Branch

Account No. (for official use only)

Currency of Account \$ € ¥ £ ₩

Other Currencies

Category of Business:

Limited Liability Company Partnership Sole Proprietorship
 MDA's / Government School Religious Organisation

Type of Account (Tick as appropriate)

Others

Business Banking:

Corporate Current SME Current Business SME Premium
 Providus Woman Emerging Local Corporate Domiciliary Savings
 NGOs / Cooperative Society Professionals / Associations / Clubs
 Embassies / High Commissions School Others

2. CORPORATE INFORMATION

Company/Business Name

Certificate of Incorporation/ Registration Number Date of Registration

Country of Incorporation / Registration Tax Identification Number (TIN)

Type /Nature of Business

Sector

Sub-Sector

Operating Business Address (1)

Operating Business Address (2)

Corporate Business Address/Registered Office (if different from above)

E-Mail address

Website (if any)

Phone Number (1)

Phone Number (2) Phone Number (3)

Special Control Unit against Money Laundering (SCUML) Reg. No. (where applicable) CRMS Borrower's Code(where applicable)



3. ANNUAL TURNOVER

Less than N50 Million N50 Million - Less than N500 Million N500 Million - Less than N5 Billion N5 Billion and above

(i) Is your Company quoted on any Stock Exchange ? Yes No

(ii) If answer to question (i) is YES, indicate which Stock Exchange and the Stock Symbol:

4. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option(s) below)

Card Preferences:

Debit Card Mastercard Verve Card Visa Card Union Pay Prepaid Card

Credit Card Mastercard Verve Card Visa Card

Online Banking (Fee Applies) Mobile Banking Internet Banking USSD Banking ATM/POS Soft Token

Transaction Notification: SMS Alert (Fees Apply) Email Alert (Free) Transaction Notification Threshold:

Statement Preferences: E-mail (Free) Post Branch

Statement Frequency: Monthly Quarterly Semi-annually Annually

Cheque Book Requisition: Open Cheque Crossed Cheque 50 Leaves 100 Leaves

5. CHEQUE CONFIRMATION THRESHOLD (In line with extant law and existing regulation.)

Cheque Confirmation: Would you like to Pre-confirm your cheque? Yes No

If you would like to have a higher or lower threshold for pre-confirmation, please specify the amount

(Note: Regulatory threshold is N150,000)

6. ACCOUNT SIGNATORY DETAILS

SIGNATORY ONE

Title Surname

First Name

Middle Name

Date of Birth Bank Verification No (BVN)

Marital Status (Please tick) Single Married Others (specify) Gender: Male Female

Mother's Maiden Name

Means of Identification

ID Number ID Issue Date ID Expiry Date

Occupation

Status/Job Title

Position / Office of the Signatory

Religion Christian Islam Others (Please Specify)

Residential Address :

House Number Street Name

City / Town Nearest Bus Stop / Landmark

Local Government Area State



PROVIDUSBANK

Nationality State of Origin (Nigerian)

Mobile Number (1) Mobile Number (2)

E-mail

Resident Permit No (For Non-Nigerian) Permit Issue Date Permit Expiry Date

Do you have dual citizenship? Yes No If yes, specify

If US Citizen, please provide:

Tax Identification Number Employee Identification Number (where applicable)

Class of Signatory Share Holding

Signature Date

SIGNATORY TWO

Title Surname

First Name

Middle Name

Date of Birth Bank Verification No (BVN)

Marital Status (Please tick) Single Married Others (specify) Gender: Male Female

Mother's Maiden Name

Means of Identification

ID Number ID Issue Date ID Expiry Date

Occupation

Status/Job Title

Position / Office of the Signatory

Religion Christian Islam Others (Please Specify)

Residential Address:

House Number Street Name

City / Town Nearest Bus Stop / Landmark

Local Government Area State

Nationality State of Origin (Nigerian)

Mobile Number (1) Mobile Number (2)

E-mail

Resident Permit No (For Non-Nigerian) Permit Issue Date Permit Expiry Date

Do you have dual citizenship? Yes No If yes, specify

If US Citizen, please provide:

Tax Identification Number Employee Identification Number (where applicable)

Class of Signatory Share Holding

Signature Date



SIGNATORY THREE

Title [] Surname []

First Name []

Middle Name []

Date of Birth [D][D][M][M][Y][Y][Y][Y] Bank Verification No (BVN) []

Marital Status (Please tick) [] Single [] Married Others (specify) [] Gender: Male [] Female []

Mother's Maiden Name []

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]

Occupation []

Status/Job Title []

Position / Office of the Signatory []

Religion [] Christian [] Islam [] Others (Please Specify) []

Residential Address:

House Number [] Street Name []

[]

City / Town [] Nearest Bus Stop / Landmark []

Local Government Area [] State []

Nationality [] State of Origin (Nigerian) []

Mobile Number (1) [] Mobile Number (2) []

E-mail []

Resident Permit No (For Non-Nigerian) [] Permit Issue Date [D][D][M][M][Y][Y][Y][Y] Permit Expiry Date [D][D][M][M][Y][Y][Y][Y]

Do you have dual citizenship? Yes [] No [] If yes, specify []

If US Citizen, please provide:

Tax Identification Number [] Employee Identification Number (where applicable) []

Class of Signatory [] Share Holding []

Signature []

Date [D][D][M][M][Y][Y][Y][Y]

Signature



7. DETAILS OF THE DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTER / EXECUTOR / ADMINISTRATOR / PRINCIPAL OFFICERS

DIRECTOR ONE

Title Surname

First Name Middle Name

Date of Birth Gender: Male Female

Mother's Maiden Name Bank Verification No (BVN)

Means of Identification

ID Number ID Issue Date ID Expiry Date

Occupation

Status/Job Title

Position / Office of the Director

Residential Address:

House Number Street Name

City / Town Nearest Bus Stop / Landmark

Local Government Area State

Nationality State of Origin (Nigerian)

Mobile Number (1) Mobile Number (2)

E-mail

Religion Christian Islam Others (Please Specify)

Resident Permit No (For Non-Nigerian) Permit Issue Date Permit Expiry Date

Do you have dual citizenship? Yes No If yes, specify

If US Citizen, please provide:

Tax Identification Number Employee Identification Number (where applicable)

Share Holding

NEXT OF KIN DETAILS

Title Surname

First Name Middle Name

Contact Details: Date of Birth Gender: Male Female

House Number Landmarks

Street Name City/Town

LGA State

Mailing Address

Phone Number (1) Phone Number (2)

E-mail Address



DIRECTOR TWO

Title Surname

First Name Middle Name

Date of Birth Gender: Male Female

Mother's Maiden Name Bank Verification No (BVN)

Means of Identification

ID Number ID Issue Date ID Expiry Date

Occupation

Status/Job Title

Position / Office of the Director

Residential Address:

House Number Street Name

City / Town Nearest Bus Stop / Landmark

Local Government Area State

Nationality State of Origin (Nigerian)

Mobile Number (1) Mobile Number (2)

E-mail

Religion Christian Islam Others (Please Specify)

Resident Permit No (For Non-Nigerian) Permit Issue Date Permit Expiry Date

Do you have dual citizenship? Yes No If yes, specify

If US Citizen, please provide:

Tax Identification Number Employee Identification Number (where applicable)

Share Holding

NEXT OF KIN DETAILS

Title Surname

First Name Middle Name

Contact Details: Date of Birth Gender: Male Female

House Number Landmarks

Street Name City/Town

LGA State

Mailing Address

Phone Number (1) Phone Number (2)

E-mail Address



DIRECTOR THREE

Title Surname

First Name Middle Name

Date of Birth Gender: Male Female

Mother's Maiden Name Bank Verification No (BVN)

Means of Identification

ID Number ID Issue Date ID Expiry Date

Occupation

Status/Job Title

Position / Office of the Director

Residential Address:

House Number Street Name

City / Town Nearest Bus Stop / Landmark

Local Government Area State

Nationality State of Origin (Nigerian)

Mobile Number (1) Mobile Number (2)

E-mail

Religion Christian Islam Others (Please Specify)

Resident Permit No (For Non-Nigerian) Permit Issue Date Permit Expiry Date

Do you have dual citizenship ? Yes No If yes, specify

If US Citizen, please provide:

Tax Identification Number Employee Identification Number (where applicable)

Share Holding

NEXT OF KIN DETAILS

Title Surname

First Name Middle Name

Date of Birth Gender: Male Female

Contact Details:

House Number Landmarks

Street Name City/Town

LGA State

Mailing Address

Phone Number (1) Phone Number (2)

E-mail Address

8. ADDITIONAL DETAILS (For sole proprietorship only)

I. Name of affiliated Company/Body

1.																														
2.																														
3.																														

II. Parent Company's Country of Incorporation

9. DETAILS OF ACCOUNT(S) HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY / PARTNERSHIP / SOLE PROPRIETORSHIP

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

10. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH REPORT

ProvidusBank Plc
Plot 724, Adetokunbo Ademola Street,
Victoria Island, Lagos, Nigeria, 101241

Dear Sir,

We hereby authorize you to debit our account with the sum of N..... being the legal cost of search conducted on our account by the Corporate Affairs Commission.

Yours faithfully,

Name and Signature

Date



TERMS AND CONDITIONS

PLEASE READ THIS SECTION CAREFULLY. IT PROVIDES YOU WITH IMPORTANT INFORMATION ABOUT YOUR PROVIDUSBANK ACCOUNT(S).

The information contained on this page together with any further instructions and conditions that may be prescribed by the bank from time to time shall constitute the terms of the agreement between the customer and ProvidusBank ("ProvidusBank"). When this application form has been signed, it will be deemed to have been accepted as binding on the customer and the ProvidusBank representative office or affiliate where the account is held.

These conditions apply to each account opened under the Account Opening form or in any other acceptable manner.

These conditions are supplemented and / or amended for Account held in certain countries or territories by local conditions (the "local Conditions"), which will be supplied to the Customer by ProvidusBank and will be binding on the Customer and ProvidusBank.

If there is a conflict between these conditions and any of the local Conditions, the local Conditions prevail; and if there is a conflict between these conditions or any of the local Conditions and any agreement relating to a service or provided to the Customer (a "Service"), that agreement prevails.

The Customer will provide to ProvidusBank all documents and other information reasonably required it in relation to any Account or any Service.

a. The Account

- i. The Customer shall assume full responsibilities for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments, receipts or other instructions deposited into the account.
- ii. The Bank will not be responsible for any loss of funds deposited with it arising from any Government order, law, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond its control.
- iii. Your account shall be debited for any service charge that is set by the Bank from time to time. All notices or letters will be sent to the physical, postal or electronic address supplied by you and will be considered duly delivered or seven days after posting.
- iv. The Bank will not be liable for funds handed over to members of its staff other than the Cashiers/Tellers in the Banking Hall with the appropriate deposit slip. Any anomaly in the entries on your bank settlements must be brought to the attention of the Bank within 30 days of the date thereof and you agree that failure to give such notice, absolves the Bank of all liabilities arising thereof.
- v. The Bank may exercise its general lien or any similar right it is entitled to including the right to combine and consolidate all or any of the Customer's accounts with the Bank, and the right to set off or transfer any sum or standing to the credit of any or more of such accounts against liabilities in any other account.

b. Instructions

ProvidusBank may rely on the authority of each person designated (in a form acceptable to ProvidusBank) by the Customer to send Instructions or do any other thing until ProvidusBank has received written notice or other notice acceptable to it of any change from a duly authorized person and ProvidusBank has had a reasonable time to act (after which time it may rely on the change).

Both of the Customer and ProvidusBank will comply with certain agreed security procedures (the "Procedures") designed to verify the origination of instructions between them such as enquiries, advices and instructions.

ProvidusBank is not obliged to do anything other than what is contained in the Procedures to establish the authority or identity of the person sending an instruction. ProvidusBank is not responsible for errors or omissions made by the Customer or the duplication of any instruction by the Customer and may act on any Instruction by reference to an account number only, even if an account name is provided. ProvidusBank may act on an Instruction if it reasonably believes it contains sufficient information.

ProvidusBank may decide not to act on an Instruction where it reasonably doubts its contents, authorisation, origination or compliance with the Procedures and will promptly notify the Customer (by telephone if appropriate) of its decision.

If the Customer informs ProvidusBank that it wishes to recall, cancel or amend an Instruction, ProvidusBank will use its reasonable efforts to comply.

If ProvidusBank acts on any Instruction sent by any means requiring manual intervention (such as telephone, telex, telefax, electronic mail or disks sent by messenger and in compliance with the Procedures, the Customer will be responsible for any loss ProvidusBank may incur in connection with that Instruction.

c. Cheques

The Bank is under no obligation to honour any cheque drawn on the account unless there are sufficient funds in the account to cover the value of the said cheques and such cheques may be returned unpaid.



TERMS AND CONDITIONS (Continued)

The Bank may exercise its discretion in allowing withdrawals against uncleared cheque(s) where the cheques are returned unpaid thereafter, the Bank shall have the right to hold on to the returned cheque and take further action it deems appropriate to recover the value of the withdrawal from you. The Bank shall have the right, whenever it deems appropriate to confirm the issuance of a cheque drawn on the Customer's current account failing which the cheque may be returned with 'Drawer's Confirmation Required' endorsed thereon.

You must ensure that your cheque book is kept in a safe place to prevent unauthorized persons from gaining access to same as failure to do this, may be a ground for any consequential loss being charged to your account.

If your cheque book gets lost, missing or stolen you must notify the Bank immediately. The Bank shall not be held liable for any unauthorized use of your cheque book where the loss or otherwise of same was not reported immediately.

ProvidusBank may supply cheque, payments instruments and related materials to the Customer and the Customer will make reasonable efforts to avoid any fraud, loss, theft, misuse or dishonour in respect of them. The Customer will promptly notify ProvidusBank in writing of the loss or theft of any check or payment instrument and will return to ProvidusBank or destroy any unused cheque, payment instruments and related materials when the relevant Account closed.

d. Overdrawn Accounts

Overdraft may be available to customers upon arrangement with the Bank. If you don't have such arrangement, the Bank in its discretion, nonetheless honour a cheque even though such account may become overdrawn inconsequence. In such a case, the Customer agrees to repay the overdraft within 7 days, and bear the extra fee and interest at our prevailing rate for unauthorised borrowing for the period that the account remains in debit. If your account does not have enough cleared funds to cover an amount you want to draw, we reserve the right to return your cheque unpaid.

The Bank reserves the right to use credit balances on your current account(s) to offset any outstanding exposures on any of your accounts.

e. Statements and Advices

Statements and Advices can be delivered to the Customer either physically, by post or electronically (e-Statements or e-Alerts), where requested, the Bank may provide electronic Statements or SMS-Alerts or other similar service to provide information on transactions. The service is provided 'as available' and without any warranty of fitness for a specific purpose. We do not warrant that this service will always be uninterrupted, or that any information provided is accurate and current as at the time it is received. The Bank disclaims responsibility for the service provided by any third party.

Irrespective of the channel used to deliver the statement or advice, the Customer will notify ProvidusBank in writing of anything incorrect in a statement or advice promptly, and in any case within thirty (30) days from the date on which the statement or advice is sent to the Customer.

f. Interest, Fees and Other Amounts

You will be liable for the payment of interest charges at the rate fixed by the Bank from time to time for any outstanding debit on your current account. Your current account may also be debited for the Bank's usual banking charges, interest, commission, etc, unless otherwise agreed, ProvidusBank may modify at any time the rate of interest, fees or other amount applicable to any Account or Service (but subject to any legal requirement as to notice).

Name and Signature

Date



9. DECLARATION

We hereby apply for the opening of account(s) with ProvidusBank PLC. We understand that the information given herein and the documents supplied are the basis for opening such account(s) and we therefore affirm that such information is correct.

We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided by us to the Bank.

In Witness whereof, the common seal of (Name of Company) is hereby affixed this day of 20 In the presence of:

Name of Director	Signature & Date

Name of Director / Secretary	Signature & Date

10. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON

Name	
Status	

Signature	
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Date	
------	--

Name	
Status	

Signature	
-----------	--

Date	
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11. IN THE PRESENCE OF

Name	
Surname	
Address	
Occupation	

Signature	
-----------	--

Date	
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FOR BANK USE ONLY

1. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	N / A
1.	Account opening form duly completed			
2.	Specimen signature card duly completed			
3.	Copy of Certificate of Registration			
4.	Board Resolution			
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Company)			
6.	Form C07 Particulars of Directors (certified as true copy by the Registrar of Company)			
7.	Form C02 Allotment of Shares (certified as true copy by the Registrar of Company)			
8.	Partnership Deed			
9.	Approval Letter (for Government Agency)			
10.	Gazette (for Government Agency)			
11.	Two (2) passport sized photograph of each signatory to the account with name written on the reverse side			
12.	Introduction letter with (2) passport sized photograph of contact person or authorized agent			
13.	Status report from Banker (where applicable)			
14.	Resident permit (For Non-Nigerians)			
15.	Evidence of Registration with SCUML (Special Control Unit against Money Laundering)			
16.	Search Report			
17.	Power of Attorney			
18.	Letter of Indemnity			
19.	Proof of Company address			
20.	Business Premises visitation certificate			
21.	Proof of Identity of all Signatories and Directors			
22.	Proof of address of all beneficial owners (i.e directors with 5% and above)			
23.	Evidence of registration with NIPC (Nigerian Investment Promotion Council)			
24.	Copy of the audited financial statements			
25.	Two completed satisfactory reference forms			
26.	Others (please specify)			



2. ACCOUNT OPENED BY

Name

Signature

Date

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

Name

Designation

Signature

Date

Name

Designation

Signature

Date

4. ACCOUNT OPENING AUTHORISED / APPROVED BY

Name

Designation

Signature

Date



CUSTOMER ADDRESS VERIFICATION FORM

This form should be completed in **CAPITAL LETTERS**. Characters and marks should be similar in style to "ABC".

This is to certify that who is a prospective customer of the bank was visited on and I hereby confirm that the address and nature of business of the customer has been verified as correct and corresponding with the details supplied in the account opening form of ProvidusBank Plc.

Confirmed Address

Description

Physical Description (Colour of House, Type of Structure, Gate Type and Colour etc.)

Name of Person(s) met at the Residence: _____

Street Name: _____

Surrounding Landmark _____

Nearest Bus Stop _____

Any other comment

Officer's Name

Date Signature _____

Business Manager

Date Signature _____

