

## CORPORATE ACCOUNT OPENING FORM

Kindly complete in CAPITAL LETTERS

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

Limited Liability Company  Partnership  Sole Proprietorship  MDA's School  Others (Please specify) \_\_\_\_\_

### Account Information

Branch  Account No   
(For official use only)

Customer ID

### Company Details (Please complete in BLOCK LETTERS and tick where necessary)

Company/  
Business Name

Registration No.  Date of Reg.

Jurisdiction of  Special Control Unit against  
Incorporated/Registration Money Laundering (SCUML) Reg No.

Type/Nature of Business  Sector/ industry

Operating Business  
Address 1

Country  City   
Zip/Postal Code

Operating Business  
Address 2

Country  City   
Zip/Postal Code

Business  
Address/Registered   
Office (if different above)

Email Address

Website (if any)

Office Number  Mobile Number

Tax  Identification   
Number (TIN)  CRMB No/Borrower's Code (where applicable)

### Annual Turnover

Less than N50million  N50million – Less than N500million  N500million – Less than 5billion  N5billion and above

Is your company quoted on any Stock Exchange? Yes  No

If answer to (b) is yes, indicate which Stock Exchange and the Stock symbol.

### Authority To Debt Account For Corporate Search

Dear Sir/Madam,

AUTHORITY TO DEBIT OUR ACCOUNT FOR SEARCH FEES

I/We hereby authorize you to debit our account with the applicable charges for the legal search that will be conducted on my/our account at the Corporate Affairs Commission or relevant agency/authority.

Yours Faithfully,

Authorized Signature of the Customer/Representative & Date

Authorized Signature of the Customer/Representative & Date

### Letter of Indemnity

I/We .....hereby apply for the opening of account (s) with Digital Space Microfinance Bank. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant such information is correct.

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

1. Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Foreign Account Tax Compliance Act. (FATCA)

- Digital Space Microfinance Bank complies with the provisions of the Foreign Account Tax Compliance Act (FATCA). FATCA requires notification to the US Internal Revenue Service and other actions on certain transactions conducted on accounts belonging to USA Nationals, Residents and persons with addresses in the USA. Accounts holder hereby consents to the above.
- In compliance with the regulation of the Central Bank of Nigeria (CBN), Digital Space Microfinance Bank is obligated to report to CBN cases involving the issuance of dishonored cheque (s). The account holder hereby consents to such disclosure and further undertakes to always fund the account (s) to accommodate all cheques issued. It is an offence to issue a dishonored cheque.
- If a fraudulent activity is associated with the operation of your account, the Bank reserves the right to apply restrictions to your account and report to appropriate Law Enforce Agencies.

### Declaration

I/We hereby apply for the opening of an account with Digital Space Microfinance Bank. I/We understand that the information given herein is the basis for opening such account (s) and hereby warrant that such information is correct.

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

- 1 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
- 2 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Undertaking

The customer makes the following undertaking:

- Digital Space Microfinance Bank will never ask you for your password, ATM PIN, token or any other sensitive personal data related to your bank account. Kindly keep your data safe and secure always.
- To give the DSMF Bank an indemnity against loss, injury or damage in the event of N50,000 (Fifty Thousand Naira), which is the maximum transfer limit set by default is required. The terms of the indemnity shall be as determined by the Bank.

- 1 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
- 2 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Power of Attorney

Holder Name \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_ Nationality \_\_\_\_\_ Telephone Number \_\_\_\_\_

### Signed, Sealed & Delivered By The Within Named Person

Name \_\_\_\_\_

Status \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Status \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Customer Information

Title: Mr.  Mrs.  Others (Specify) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Surname \_\_\_\_\_ First Name \_\_\_\_\_ Other Name \_\_\_\_\_

BVN \_\_\_\_\_

Marital Status: Single  Married  Others (Specify) \_\_\_\_\_ Sex: Male  Female

Mode of Identification: NIN  NDL  Int'l Passport  INEC Voters Card ID No.  Others (Specify) \_\_\_\_\_

Place of Issuance: \_\_\_\_\_



### Account Services Required

Card Preference: Master  Visa  Verve

Electronic Banking: Mobile App  ATM  POS

Statement: Email 

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 Collection at Branch: \_\_\_\_\_

Transaction Alert: SMS Alert  Email Alert  Both

Cheque Book: Yes  No  Check book Leaves: 25  50  100

Cheque Confirmation: Will like to pre-confirm your cheques? Yes  No

If yes, please specified the threshold: \_\_\_\_\_

Mandate			
	Signature	Photograph	
Title (Mr. Mrs. Etc)			
Name			
Designation			
Signature			
Title (Mr. Mrs. Etc)			
Name			
Designation			
Signature			
Title (Mr. Mrs. Etc)			
Name			
Designation			
Signature			
Authorised Combination: (for Joint Account Holders)	Company Seal/Stamp required YES NO Specified Company Seal/Stamp (required)		

### FATCA Requirements – For US Citizens and Residents Only

Passport/Aliens Number: \_\_\_\_\_

Last (4) Digits of Social Security No : \_\_\_\_\_

Passport Issue Date \_\_\_\_\_ Passport Expired Date \_\_\_\_\_

### Digital Space Microfinance Bank Use Only

Account Officer Code: \_\_\_\_\_

Is the Applicant a politically exposed person? YES ..... NO .....

Address Verification & KYC Confirmed OK by: Name of Staff \_\_\_\_\_

Staff ID \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

### Terms & Conditions

<p>Please read these terms and conditions carefully as you will be bound by them immediately you sign/affix your thumbprint below. Signing/affixing your thumb print is your acknowledgment that you fully understand and accept these terms and conditions. Please note that all banking transactions between you and Digital Space Microfinance Bank shall be governed by these terms, definite agreements between you and the Bank or Customary Banking practices (in the absence of these terms and any definite agreement).</p> <p>1. The Bank is under no obligation to open, create or permit the operation of the requested account until receipt of all specified documents and requirements for the account. The Bank reserves the right to decline the establishment and /or operation of your account where the requirements for the establishment and/or operation are not met.</p> <p>2. The Bank shall honor all Cheques/Orders, Instruments on your account provided such Cheques/Orders/Instruments are signed by you in line with your mandate and to debit such Cheques/Orders/Instruments to your account whether the account is for the time being in credit/ or overdrawn or may become over drawn in consequence of such debit without prejudice to the right</p>	<p>of the Bank to refuse to permit any overdraft or increase of overdraft.</p> <p>3. In conclusion of the foregoing and other services/obligations herein undertaken by the Bank, I/we undertake:</p> <p>a. To assume full responsibility for the validity, genuineness and correctness of all endorsements appearing on all Cheques/Orders/Instruments and deposited in my/our account.</p> <p>b. To be fully responsible for the repayment of any overdraft with interest and to comply with the Banks' rules and new rates which may be advised by the Bank from time to time.</p> <p>c. To absolve the Bank of any responsibility for any loss of funds deposited with the Bank due to any future government Order, law, levy tax, embargo, moratorium, exchange restrictions and all other circumstances beyond the Bank's control.</p> <p>d. The Bank shall bear no liability for any funds handed to members of its staff outside banking hours or outside the Banks premises. I/We</p>	<p>shall make formal request for cash pick up which may be considered and handled in line with the Bank's policy.</p> <p>e. All funds standing to my/our credit shall be payable on demand only in local currency in circulation.</p> <p>f. Where a cheque credited to my/our account is returned dishonored, it shall be return to me/us through my/our last known address wither by bearer or by post.</p> <p>g. That I/We shall safeguard my/our cheque book and Password/Access Codes to the Bank's e-channels (ATM, Internet Banking, Mobile Baking, Telephone Banking etc.) from unauthorized persons and any consequential lose arising therefrom shall be charged to my account.</p> <p>4. I/We authorize the Bank to undertake all 'Know Your Customer' procedure as stated by government regulation, laws and Bank policies. I/We also authorize the Bank to confirm my/our deals and legal status at appropriate government registries and debit my/our account for the cost of such confirmation.</p>
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5. I/We acknowledge and agree that the Bank may at its sole discretion and without prior notice, change the minimum balance requirements, charges or interest rates on any account I/We operate.

6. I/We authorize the Bank to transfer money from any deposit account I/We maintain to any other account whose balance is below the required minimum or close my/our account.

7. I/We agree that in addition to any general lien or similar right to which you as Bankers may be entitled by law, you may at any time and without notice to me/us, combine or consolidate all or any of my/our accounts and those of other related parties. Related parties include, subsidiaries of any company or companies in which I/We are directors/shareholders or my/our sibling(s) Parents or child/children are directors/shareholders.

8. The Bank is authorized to set off or transfer any sums or sums standing to the credit of anyone or more of such accounts describe in the foregoing paragraph 7 or any credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to us or related parties with the Bank in or towards satisfaction of any of my/our liabilities to the Bank or any other account or in any respect whether such liabilities be actual or contingent, primary or collateral or several or joint. Notwithstanding that such amounts are in foreign currency or that they were incurred or procured at a different exchange rate from the prevailing exchange rate at the time of conversion.

9. I/We undertake not to issue any cheques(s) without adequate funds in my/our account and I/We accept all responsibility and liability arising from the issuance of all dud cheques(s). The Bank shall be obligated to report the issuance of all dud cheques to relevant Credit Bureau Registries, Security Agencies for investigation and prosecution, and comply with regulations issued by CBN from time to time. I/We confirm that consistent issuance of dud cheques disempowers me/us from owing a cheque. The Bank is also authorized to disable already issued cheques from the Bank's systems.

10. I/We confirm that the Bank shall also return all such dud cheques to me/us as unpaid as the Bank is under no obligation to honor any cheque(s) drawn on my/our account where there are inadequate funds to cover the value. In the event such Cheque(s) is paid, the

Bank shall debit my/our account with the value in addition to Bank and Interest Charges.

11. The Bank, at its absolute discretion, reserves the right to close my/our account and to end this agreement if in the Bank's opinion it has not been operated in a manner acceptable to the Bank, has been operated illegally or to further a criminal activity, if I/We have given false information or my/our maintaining an account will damage the Bank's reputation. In this event, I/We undertake to immediately repay any sums I/We owe the Bank.

12. If a fraudulent activity is associated with the operation of my/our account, I/We agree that the Bank has the right to apply restrictions to my/our account and report to appropriate law enforcement agencies.

13. If there is no activity on my/our account for a continuous period of six months or more (other than interest and Bank Charges), I/We undertake to fill an account reactivation form, and submit fresh documentation as required by the Bank before I/We can start operating the account again.

14. The Bank makes no warranty as to the fitness for purpose or merchantability of its E-Banking services or that such services will at all times be accurate, reliable, uninterrupted, secure or error free. The Bank shall not be liable for my/our inability to use the Service, loss of profits or goodwill or the cost of getting alternate goods and services and any other matters relating thereto.

15. I/We shall be solely responsible for the safe keep and confidentiality of my/our debit card, PIN, User ID, Passwords, Statement of account, Cheque Book, account balance information (by text, emails, print etc.).

16. The Bank shall not be liable for any payments made on my/our account where the information provided is incorrect. I/We have acted fraudulently, divulged the details of my/our access code, password or PIN, negligently or otherwise. The Bank shall also not be responsible for any liability arising from event/occurrence that is not under the control of the Bank including Industrial disputes, failure of any electronic equipment, machine or device, government regulation.

17. I/We shall keep the Bank indemnified at all times and hold the Bank harmless from all actions, proceedings, claims damages, losses, interest and expenses (including legal costs) which may be brought against, suffered or incurred by the Bank in resolving any dispute on my/our account or incurred by the Bank in resolving any dispute on my/our account or in enforcing the Bank's rights which may arise from the Bank performing its obligations. This indemnity shall continue even upon termination of this agreement or closure of my/account.

18. I/We authorize the Bank to place a hold on my/our account where any person makes a claim for any of the funds in my account until the Bank is completely satisfied that the dispute has been resolved and/or send the funds to the third party who has sufficiently satisfied the Bank that is entitled to it.

19. I/We authorize the Bank to share information related to my/our account(s) with local and international regulators and tax authorities subject to the provisions of any law/rules and regulations in force. Where it is required, I/We authorize the Bank to pay out from my/our account such determined amount as may be required according to such laws, Acts and regulations.

20. The Bank shall at its sole discretion accept or decline any request to Borrow and any Borrowing shall be payable on demand except otherwise agreed in writing.

21. The terms of this agreement are personal to me/us and are not assignable or enforceable by me/us to any third-party nor can any third-party claim under it.

22. Nothing in this Agreement shall infer a relationship of principal and agent, joint venture, master and servant or employer and employee. Each party is an independent Contractor for the purpose of this agreement.

23. This agreement is governed by the Laws of the Federal Republic of Nigeria.

I/We read and understand the DSMFB account opening terms and conditions stated above. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the Bank may debit my/our account for the service charges as applicable from time to time.

### Declaration

I/We hereby apply for the opening of account(s) with DSMFB bank. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the bank for any loss suffered as a result of any false information or error in the information provided to the bank.

1 Name.....Signature.....Date.....

2 Name.....Signature.....Date.....

### Required Checklist (For bank use only)

S/N	Document Required	Checked	Deferred	Waived	N/A
1	Duly completed account opening form				
2	Specimen signature of the signatory/(ies)				
3	Copy of CAC certificate of registration				
4	Board Resolution				
5	Copy of Memorandum & Articles of Association (Certified as true copy by the registrar of companies)				
6	Form CO 7 Particulars of Directors (Certified as true copy by the registrar of companies and certification by a Notary Public for foreign companies) Form of registration of business name.				
7	Form CO2 Allotment of Shares (Certified as true copy by the registrar of companies and certification by a Notary Public for foreign companies) Form of registration of business name.				
8	Partnership Deed ( where applicable)				
9	Approval Letter (for Government Agency)				
10	Act/Gazette (for Government Agency) ( where applicable)				
11	Two (2) passport size photograph of each signatory to the account with name written on the reverse side				
12	Introduction letter ( where applicable)				

13	Status report for bankers ( where applicable)				
14	Resident permit (for non-Nigerian)				
15	Search report				
16	Power of Attorney ( where applicable)				
15	Letter of indemnity				
16	Proof of company address				
17	Proof of ID for the signatories and directors/officers whose names appear on the account opening form/documents: Int'l passport; DL;NIN; Voters card (Original must be sighted				
18	Proof of address of all the signatories and directors/ officers whose names appear on the account opening form/documents utility bill (certified true copy is acceptable if the original is not held)				
19	Evidence of Registration with Nigeria Investment Promotion Council (NIPC) ( where applicable)				
20	Evidence of Registration with Special Control Unit on Money Laundering (SCUML) ( where applicable)				
21	Two (2) independent and satisfactory references				
22	Copy of the audited financial statement ( where applicable)				
23	KYC form				
24	Address verification form				
25	Others (Please specify)				

### Authentication for Financial Inclusion (Bank use only)

A. Is the customer socially or financially disadvantaged? YES ..... No .....

B. If answer to (A) is yes, state other documents obtained in line with the bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77 (4) of AML/CFT regulation 2013.

C. Does the customer enjoy tiered KYC requirement? Yes..... NO .....

D. If answer to question (C) above is yes, identify the customer risk category: Low Risk..... Medium Risk..... High Risk.....

### Account Opening Authorized/Approved by

BM:

Signature:  Date: .....

Cso:

Signature:  Date: .....