

## INDIVIDUAL ACCOUNT OPENING FORM

Kindly complete in CAPITAL LETTERS

### Account Information

Branch  Account No (For official use only)   
 BVN  Customer ID   
 Account Category: Individual Account  Joint Account   
 Account Type: Current  Savings  Corporate  Others Please Specify

### Customer Information

Title: Mr.  Mrs.  Others (Specify) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name   
 Surname First Name Other Name  
 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:   
 ID Issue Date:  ID Expiry Date:   
 Place of Birth:  Mother's Maiden Name   
 Religion: Christian  Muslim  Others (Specify) \_\_\_\_\_  
 State of Origin:  L.G.A. (Origin)   
 Nationality: Nigerian  Others (Specify) \_\_\_\_\_ Nickname/Alias (Optional) \_\_\_\_\_  
 Residential Address:   
 City/Town \_\_\_\_\_ LGA of Residential \_\_\_\_\_  
 State: \_\_\_\_\_ Nearest Bus Stop/Landmark \_\_\_\_\_  
 Country of Residence: Nigeria  Others (Specify) \_\_\_\_\_  
 E-mail Address:   
 Mobile Number  Occupation: \_\_\_\_\_  
 Employments Address:   
 Resident Permit \_\_\_\_\_ (For Foreigners)  
 Permit Issue Date:  Permit Expired Date   
 Multiple Citizenship: Yes  NO  If YES: Please state country (ies) \_\_\_\_\_  
 Foreign Tel No. (If Any) \_\_\_\_\_ Foreign Password Resident Permit Number \_\_\_\_\_  
 Foreign Address (If any):   
 Country: \_\_\_\_\_ City: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_  
 Have you granted Power of Attorney or signatory to a foreign citizen or resident, or a person with a foreign address? Yes ..... No .....  
 If yes, please  specify  country (ies) \_\_\_\_\_  
 Will there be standing instructions to transfer money to/from foreign accounts? Yes ..... NO ..... If yes, please specify country (ies) \_\_\_\_\_

Employment Status: Employed    Self     Employed     Unemployed     Retired     Student

Others (Please specify) \_\_\_\_\_

Employment Name/  
Institution Name:

Date of Employment: 



 Occupation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Purpose of Account: \_\_\_\_\_

### Detail of Next Of Kin

Title (Specify):

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

Date of Birth: 



 Sex: Male  Female

Relationship: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Office No: \_\_\_\_\_

Email Address:

House No:  Street Name

Nearest Bus Stop/  
Landmark

City/To: \_\_\_\_\_ L.G.A: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

### Account Services Required

Card Preference: Master  Visa  Verve

Electronic Banking: Mobile App  ATM  POS

Statement: Email 



 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

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**

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).

legal status at appropriate government registries and debit my/our account for the cost of such confirmation.

documentation as required by the Bank before I/We can start operating the account again.

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.

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.

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.

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 of the Bank to refuse to permit any overdraft or increase of overdraft.

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.

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.).

3. In conclusion of the foregoing and other services/obligations herein undertaken by the Bank, I/We undertake:

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.

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.

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.

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.

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.

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.

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 disentitles me/us from owing a cheque. The Bank is also authorized to disable already issued cheques from the Bank's systems.

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.

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.

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.

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.

e. All funds standing to my/our credit shall be payable on demand only in local currency in circulation.

11. The Bank, at its absolute discretion, reserves the right to close my/our account and to end this agreement if in the Banks' 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.

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.

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.

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.

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.

g. That I/We shall safeguard my/our cheque book and Password/Access Codes to the Bank's e-channels (AIM, Internet Banking, Mobile Banking, Telephone Banking etc.) from unauthorized persons and any consequential loss arising therefrom shall be charged to my account.

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

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.

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

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.....

**Jurat (This Should be adopted where the applicant is not literate or is blind and the form is read to him/her by a third party)**

I agree to abide by the content of the agreement and acknowledged that it has been truly and audibly read over and explained to me by an interpreter.

Mark/Thumbprint:  Magistrate/Commission for Oaths:

Date:   
Name of Interpreter:

Address of Interpreter:

Telephone:

Language of Interpretation:

**Required Checklist (For bank use only)**

Tier 1  Tier 2  Tier 3

S/N	Document Required	Checked	Deferred	Waived	N/A
1	Duly completed account opening form				
2	Specimen signature of the signatory/(ies)				
3	Recent passport photograph				
4	Proof of ID: Int'l passport;DL;NIN; Voters card (Original must be sighted)				
5	Resident permit (for non Nigerian)				
6	Proof of Address: Utility bill etc(Certified true copy is acceptable if original is not held)				
7	Letter from employment/School/NYSC (for salary accounts or students only)				
8	Two (2) independent and satisfactory references				
9	KYC form				
10	Address verification form				

**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: .....