

Account Opening Form - Entities (Incorporated and Non-Incorporated)

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

Category of Business: (Tick as appropriate)

Limited Liability Company Partnership Societies and Clubs Sole Proprietorship/Registered Business Name MDA's Schools Others

Account Type: (Tick as appropriate)

Current Account Fixed Investment Account Domiciliary Account

| | | | | |
|---|---|---|---|--------|
| S | E | V | E | Others |
|---|---|---|---|--------|

This forms should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following ABCD

ACCOUNT No. (For official use only)

BRANCH

1. COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

Company/Business Name

Certificate of Incorporation/Registration Number

Date of Incorporation/Registration

| | |
|---|---|
| D | D |
|---|---|

| | |
|---|---|
| M | M |
|---|---|

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

 Country of Tax Residence

Type/Nature of Business

Sector/Industry

Operating Business Address 1.

Operating Business Address 2.

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

Email Address

Website (if any)

Phone No. (1) - Phone No. (2) -
Country Code Country Code

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

Special Control Unit against Money Laundering (SCUML) Reg. No:

2. ANNUAL TURNOVER

(a) Less than N50 Million N50 Million - Less than N500 Million N500 Million - Less than N5 Billion Above N5 Billion

(b) Is Your Company Quoted on any Stock Exchange? Yes No

(c) If answer to question (b) is yes, indicate which Stock Exchange and the Stock Symbol:

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

Card Preferences: Verve Card MasterCard Visa Card Others (Specify)

Electronic Banking Preferences: Internet Banking Mobile Banking ATM POS Other Electronic Channels (Fees may apply) Specify

Transaction Alert Preferences: Email Alert (Free) SMS Alert (Fee applies)

Statement Preferences: Email Post Collection at Branch **Statement Frequency:** Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition: (Fees applies) Opened Cheque Crossed Cheque 25 leaves 50 Leaves 100 Leaves

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

Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

4. CHEQUE CONFIRMATION THRESHOLD

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above Nxxx,000.00)

* In line with extant law and existing regulation

5. ACCOUNT SIGNATORY'S DETAILS

1. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender F M

Nationality (for non-Nigerians)

Means of Identification ID Number

ID Issue Date ID Expiry Date

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)

Email Address

Class of Signatory Signatory _____ Date

(Please indicate class in the box provided)

2. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender F M

Nationality (for non-Nigerians)

Means of Identification ID Number

ID Issue Date ID Expiry Date

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)

Email Address

Class of Signatory Signatory _____ Date

(Please indicate class in the box provided)

ACCOUNT SIGNATORY'S DETAILS

3. Surname Other Name

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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)

Email Address

Class of Signatory Signatory _____ Date

(Please indicate class in the box provided)

6 A. DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

1. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender F M

Means of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation

Status/Job Title

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

Email Address

DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

2. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender F M

Means of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation

Status/Job Title

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

Email Address

DETAILS OF THE DIRECTOR'S/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

3. Surname Other Name

First Name Mother's Maiden Name

Date of Birth Gender F M

Means of Identification ID Number

ID Issue Date ID Expiry Date

Biometric ID No:

Occupation

Status/Job Title

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town

Local Govt. Area

State

Phone Number (1) Phone Number (2)

Email Address

6 B. DETAILS OF A SOLE PROPRIETOR

I. PERSONAL INFORMATION

Title Surname

First Name Other Name

Marital Status (Please tick) Single Married Other (please specify) Gender F M

Date of Birth Place of Birth

Mother's Maiden Name

Nationality (for non-Nigerians) Resident Permit No.

Permit Issue Date Permit Expiry Date

Local Govt. Area State of Origin

Tax Identification Number (TIN)

Country of Birth Nationality

Street Address

State/Province Country

Phone No. (1) Phone No. (2)

Country Code Country Code

II. CONTACT DETAILS

Business/Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State of Origin

Phone Number (1) Phone Number (2)

Email Address

III. MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport Valid INEC Voters Card *Others (please specify)

City/Town ID Issue Date ID Expiry Date

Biometric ID No.

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

IV. DETAILS OF NEXT OF KIN

Surname Other Name

First Name Gender F M Title (Specify)

Date of Birth Relationship

Phone Number (1) Phone Number (2)

Email Address (Optional)

Contact Details

House Number Street Name

Nearest Bus Stop/Landmark

City/Town Local Govt. Area

State

7. ADDITIONAL DETAILS

I. Name of affiliated company/Body 1.

2.

3.

2. Parant Company's Country of Incorporation

III. DETAILS OF ACCOUNT HELD WITH BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE PROPRIETORSHIP

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

8. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

_____ Bank Plc

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

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

Thank you.

Yours faithfully,

Authorized Signature of the Customer/Representative & Date

Authorized Signature of the Customer/Representative & Date

9. LETTER OF INDEMNITY

I/We hereby agree to indemnify Skye Bank Plc in full against any action, claim, proceeding loss, expense or damages from this account or, representations made by me/us in respect of this account or for whatsoever in connection with this account. I/We further confirm that all my dealings in respect of this account shall not be contrary to any subsisting law or regulation in force whether in Nigeria or any other Country.

Dated _____ day of _____ year _____

Signature (Over Stamp)

First Name _____ Middle Name _____ Surname _____

Address _____

10. ACCOUNT OPENING MANDATE

(Please tick as appropriate)

a. Category of Account:

Joint Account Fixed Investment Account Other Types of Account

Account Type:

Current Account Fixed Deposit Account Savings Account Domiciliary Account

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| \$ | € | W | E | Others |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b. Account Name: _____

c. Account Number: (for official use only)

d. Mandate authorisation/combination rule (Please tick as appropriate):

Sole Signatory Two or more If two or more are to sign, please specify

e. Signatories:

i. Name:

Surname _____

First Name _____

Other Name _____

Class of Signatory _____

Identification Type _____

Identification Number _____

Telephone Number _____

Signature & Date _____

Affix
Passport
Photograph
here

FOR BANK USE ONLY

Name _____ Signature _____

FOR BANK USE ONLY

Name _____ Signature _____

ii. Name:

Surname _____
 First Name _____
 Other Name _____
 Class of Signatory _____
 Identification Type _____
 Identification Number _____
 Telephone Number _____
 Signature & Date _____



FOR BANK USE ONLY

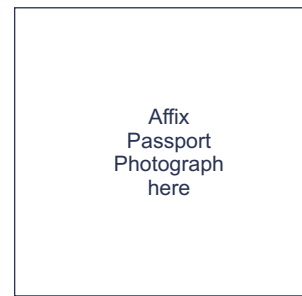
Name Signature

FOR BANK USE ONLY

Name Signature

iii. Name:

Surname _____
 First Name _____
 Other Name _____
 Class of Signatory _____
 Identification Type _____
 Identification Number _____
 Telephone Number _____
 Signature & Date _____



FOR BANK USE ONLY

Name Signature

FOR BANK USE ONLY

Name Signature

NOTE: Financial Institutions can provide more space if the number of signatories is more than spaces provided.

11. TERMS AND CONDITION

The Responsibilities of the Account Holder

- Send account opening documentation and required documentation to amend existing mandates and other related instructions on the account as may be prescribed by the Bank from time to time.
- Ensure proper completion of signature cards
- Promptly send in cheque book requisition slip/ letter
- Provide Skye with specimen signatures of its authorised signatories
- Inform Skye immediately of any change(s) to the list of authorised signatories
- Complete necessary details for cheque payments
- Keep his/her/its cheque booklet properly and promptly notify Skye the loss of a cheque booklet and/ or detachment of leaves of a cheque booklet
- Shall assume full responsibility for the genuineness or and validity of all cheques, orders, bills, notes, negotiable instruments, receipts and/or other documents including endorsements appearing on the same, deposited in or drawn on in respect of his/her/its account(s) with the Bank.
- Shall ensure that he/she/it collects duly stamped deposit slip for any sum deposit into the account.
- Shall be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for conduct of savings, current, domiciliary and other account(s) as may be determined by the Bank from time to time.
- Shall indemnify the Bank against any loss, damage, expense or claim the Bank may suffer by reason of opening the said account(s) or by reason of the falsehood or inaccuracy of any information or misrepresentation made to the Bank by the Account Holder except those losses, damages, expenses or claims directly resulting from the acts, defaults or gross negligence of the Bank.
- Shall hold the Bank harmless and free of any liability whatsoever for any loss, damages, fraud or claims that the Account Holder may incur from the fraudulent use of any telephone number, fax number or email address supplied in this form or subsequently by the Account Holder whether for the purpose of issuing instructions, receiving/sending account information or indeed any transaction related to this account.

Rights of the Bank

- The Bank may debit the account(s) with usual Banking charges, interest, commission, and fees as may be determined by the Bank from time to time
- The Bank shall not be liable for any loss or diminution of funds or damage to instruments deposited with the Bank due to any Government order, law, levy, tax, embargo, moratorium, exchange, restriction and/or all of other causes beyond the Bank's control
- The Bank is under no obligation to honour any cheques drawn on the account(s) unless there are sufficient and unimpaired funds in the account to cover the value of the said cheques. The Bank reserves the right to return such cheques to the Account Holder unpaid.
- In the event that the Bank honours a cheque where the amount in the account is not sufficient to cover the value of the cheque, any amount drawn in excess of the value of the accounts shall be treated as an overdraft facility and the Account Holder agree to repay the Bank the principal amount together with the interests and/or charges that the Bank may prescribe.
- The Account Holder shall be bound by any notification of changes in conditions governing the account directed to his/her/its last known address and any notice or letter sent to his/her/its known address shall be considered as duly delivered and received three business days after dispatch of same by ordinary pre-paid post or on the date endorsed on the proof of delivery if delivered by courier services/hand delivery.
- No notice which may be given to the Bank by the Account Holder shall be binding upon the Bank until it shall have been received by the Bank and sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means the Bank may deem appropriate to notify the concerned/affected department offices, branches and correspondents.
- Any disagreement with entries on the Bank's statements will be made in writing to the Bank by the Account Holder within 30 days of dispatch of the statement, failing which it will be concluded that the statement as rendered is correct and same shall no longer be disputable, except in case of manifest errors.
- If or where any entry is made into the Account Holder's account(s) in error, the Bank is entitled to dishonor

- cheques drawn upon such incorrect entry whether or not drawn in good faith and without any notice of error and whether the error has been corrected or not, and the Bank is entitled to reverse such incorrect entry without prior consent of the Account Holder and any liability on the part of the Bank.
- The Bank may at any time and in absolute judgement close the account(s) and discharge all liabilities with respect to the account(s) by hand delivery or by mailing to the Account Holder by courier services a Bank draft in the currency of the account without recourse to the Bank as a drawer, payable to the order of the Account Holder in the amount of the then credit balance in the account(s) less fees, charges or commission to which you may be entitled by law or by any agreement between us and the Bank together with such documents, if any, as may be necessary in your sole discretion, to transfer to us.
- The Bank will not be liable whatsoever for funds handed by the Account Holder or his/her/its representatives or agents or employees to any of the Bank's employees without evidence of a duly stamped deposit slip.
- In addition to any general lien or right to which the Bank as Bankers may be entitled by law, the Bank may at any time and without notice to the Account Holder combine or consolidate all or any of his/her/its accounts without liability to the Bank and set off or transfer any sum or sums standing to his/her/its credit in any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with the Bank or in any other respect whether such liabilities be actual or contingent, primary collateral, several or joint.
- To affirm and undertake that all the documents used in opening the account(s) are genuine and we will indemnify the Bank if at any time it is shown otherwise and we will be further liable for any wrong that may be occasioned thereby. This indemnity to you shall be continuing and shall not be withdrawn by us so long as we maintain this account with the Bank.
- The Account Holder and the Bank agree that the operation of the account(s) is subject to laws and regulations at any time existing in the Federal Republic of Nigeria, and to be bound by the terms and conditions herein.

12. DECLARATION

I/We hereby apply for the opening of any account or accounts with Skye Bank Plc. 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 Skye Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

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

Director (Name and Signature)

Director/Secretary (Name and Signature)

13. SIGNED, SEALED AND DELIVERED BY THE WITHIN NAMED PERSON

Name

Status

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Name

Status

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Company Seal here

14. IN THE PRESENCE OF:

Name

Address

Occupation

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

FOR BANK USE ONLY

I. REQUIREMENT CHECKLIST

Savings Account

| S/N | DOCUMENTS REQUIRED | CHECKED | DEFERRED | WAIVED | N/A |
|-----|---|---------|----------|--------|-----|
| 1. | Account opening form duly complete | | | | |
| 2. | Specimen signature card duly completed | | | | |
| 3. | Copy of CAC Certificate of Registration | | | | |
| 4. | Board Resolution | | | | |
| 5. | Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Companies) | | | | |
| 6. | (a) Form C07 Allotment of Shares (certified as true copy by the Registrar of Companies and a certification by a Notary Public for Foreign Companies) | | | | |
| 7. | (b) Form C02 Allotment of Shares (certified as true copy by the Registrar of Companies and a certification by a Notary Public for Foreign Companies) | | | | |
| 8. | Partnership Deed (where applicable) | | | | |
| 9. | Approval Letter (for Government Agency) | | | | |
| 10. | Act/Gazette (for Government Agency) (where applicable) | | | | |
| 11. | Two (2) passport sized photographs of each signatory to the account with name written on the reverse side. | | | | |
| 12. | Introduction letter (where applicable) | | | | |
| 13. | Status report from Banker (where applicable) | | | | |
| 14. | Resident Permit (for non-Nigerians) | | | | |
| 15. | Evidence of Registration with Nigerian Investment Promotion Council (NIPC) (where applicable) | | | | |
| 16. | Evidence of Registration with Special Control Unit of Money Laundering (SCUML) (where applicable) | | | | |
| 17. | Search Report | | | | |
| 18. | Power of Attorney (where applicable) | | | | |
| 19. | Letter of indemnity | | | | |
| 20. | Proof of Company address | | | | |
| 21. | Business Premises visitation certificate | | | | |
| 22. | Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (preferred Identity card are International Passport, National Identity Card, National Driver's Licence, and Valid Nigerian INEC Voter's card). | | | | |
| 23. | Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document Utility bill (certified true copy is acceptable if original is not held). | | | | |
| 24. | Two Completed satisfactorily reference forms. | | | | |
| 25. | Copy of the audited Financial statements. | | | | |
| 26. | W-8 BEN-E, W-9 | | | | |
| 27. | Others (please specify). | | | | |

A. ACCOUNT OPENED BY:

Name

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Name

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

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

Name

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Name

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Name

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

COMMENT(S): (Address description and Result Findings)

D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

Name

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Name

Signature _____

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

BOARD RESOLUTION AND MANDATE

Pursuant to this application, a meeting of the Board of Directors _____(hereinafter referred to as "the Company") was held on the _____ day of _____ and it was resolved and declared that Skye Bank Plc (hereafter called "the Bank") is hereby authorised to:

- Open any or all of the account(s) indicated herein in our name now and at any time subsequently as we may direct.
- Honour all cheques or other orders which may be drawn on the said account(s), provided such cheques or orders are signed by the person(s) whose signature(s) is / are contained in the signature / mandate card delivered to the Bank and to debit such account(s) cheques or orders to the said account whether such account(s) be, for the time being, in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to the Bank's right to refuse to allow overdraft or increase of overdraft in accordance to the signing instruction.

In consideration thereof, we agree:

- To assume full responsibility for the genuineness or and validity of all cheques, orders, bills, notes, negotiable instruments, receipts and / or other documents including endorsements appearing on the same, deposited in or drawn on in respect of our account(s) with the Bank.
- To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for conduct of savings, current, domiciliary and other account(s) as may be determined by the Bank from time to time
- That the Bank may debit the account(s) with usual banking charges, interest, commission, and fees as may be determined by the Bank from time to time.
- To free the Bank from the responsibility of payment for any loss of or diminution of funds or damage to instruments or documents deposited with the Bank due to any Government order, law, levy, tax, embargo, moratorium, exchange, restriction and/or all other causes beyond the bank's control
- That our attention has been drawn to the necessity of safe guarding our chequebook so that unauthorised persons are unable to gain access to it. Neglect of this precaution will be a ground for any consequential loss being charged to our account.
- That the Bank is under no obligation to honour any cheques drawn on the account(s) unless there are sufficient and un-impaired funds in the account to cover the value of the said cheques. We understand and agree that such cheques may be returned to us unpaid, but if paid, we are obligated to repay the Bank the principal amount together with the interests and/or charges that the Bank may prescribe.
- To be bound by any notification of any changes in conditions governing the account directed to our last known address and any notice or letter sent to our last known address shall be considered as duly delivered and received three business days after dispatch of same by ordinary pre-paid post or on the date endorsed on the proof of delivery if delivered by courier services/hand delivery.
- That no notice which may be given to the bank by us shall be binding upon the Bank until it shall have been received by the Bank and sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means the Bank may deem appropriate to notify the concerned/affected department offices, branches and correspondents.
- That any disagreement with entries on our Bank statements will be made in writing by us within 30days of dispatch of the statement, failing which it will be concluded that the statement as rendered is correct and same shall no longer be disputable, except in case of manifest errors.
- That if any entry is made in our account(s) in error, the Bank is entitled to dishonour cheques drawn upon such incorrect entry whether or not drawn in good faith and without any notice of error and whether the error has been corrected or not, and the bank is entitled to reverse such incorrect entry without any liability on its part.
- That the Bank may at any time in its discretion close the account(s) and discharge all liabilities with respect to the account(s) by hand delivery or by mailing to us by courier services a Bank draft in the currency of the account without recourse to the Bank as a drawer, payable to our order in the amount of the then credit balance in the account(s) less fees, charges or commission to which you may be entitled by law or by any agreement between us and the Bank together with such other documents, if any, as may be necessary in your sole discretion, to transfer to us.
- That the Bank will not be liable whatsoever for funds handed to members of the staff outside banking hours or outside the Bank's premises
- That in addition to any general lien or right to which the Bank as bankers may be entitled by law, the Bank may at any time and without notice to us combine or consolidate all or any of our accounts without liability to you and set off or transfer any sum or sums standing to our credit in any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with the bank or in any other respect whether such liabilities be actual or contingent, primary collateral and several or joint.
- To indemnify the Bank against any loss, damage, expense, or claim it may be occasioned on the account(s) or by reason of opening the said account(s) or by reason of the falsehood or inaccuracy of any statement information or representation made to the Bank except those losses. Damages, expenses or claims directly resulting from the acts, defaults or gross negligence of the Bank.
- To indemnify the Bank against any loss, damage, fraud, or claims that occur from the use of any telephone number, fax number or email address supplied in this form or subsequently by me/us whether for the purpose of issuing instructions, receiving/sending account information or indeed any transaction related to this account.
- To affirm and undertake that all the documents used in opening the account(s) are genuine and we will indemnify the Bank if at any time it is shown otherwise and we will be further liable for any wrong that may be occasioned thereby. This indemnity to you shall be continuing and shall not be withdrawn by us so long as we maintain this account with the bank.
- That the operation of the account(s) is subject to laws and regulations at any time existing in the Federal Republic of Nigeria, and to be bound by the terms and conditions governing the operation of the account(s) as may be determined by the Bank from time to time.

We declare that all the information given for the purpose of opening the account(s) are true and accurate, and certify that the above particulars are correct and agree that they and the information given herein form the basis of banking relationship with Skye Bank Plc. We hereby request the opening of an account with Skye Bank Plc.

| | NAME | TITLE | SIGNATURE | CATEGORY |
|---|------|-------|-----------|----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

TO BE COMPLETED BY SHAREHOLDER/OWNER

ADDITIONAL INFORMATION (TO BE COMPLETED BY EACH SHAREHOLDER/OWNER)

Section 1: Personal Details

Name of Shareholder

Phone No. (1) — Country Code Phone No. (2) — Country Code

Nationality

Country of Incorporation (for Entity Shareholders)

Tax Identification Number (TIN)

Country of Birth

Residential Address

Email Address

Are you a citizen of any other country? Yes No If yes please specify

Percentage (%) Shareholding Country of Permanent Tax Residence

Government ID Country

Mailing Address/
P.O. Box

Are you tax resident in more than one country: Yes No If yes please specify

Tax Identification Number (TIN)
(If available)

Power of Attorney if yes: Yes No If yes please specify (Name)

Street Address

State/Province Country

Phone No. (1) — Country Code Phone No. (2) — Country Code

Waiver

I hereby authorize the bank to take appropriate action to comply with relevant regulations.

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |