

CORPORATE ACCOUNT OPENING APPLICATION FORM

STANDARD CHARTERED BANK NIGERIA LIMITED

"Only tellers sitting across the counter at branches are authorized to handle cash transactions. The Bank will not be liable for any loss arising from cash to unauthorized staff/persons"

Customer's Signature





1 ENTITY PARTICUL	ARS				
Entity Name					
	(insert full legal name	e as it appears in constitut	tional documer	nts)	
Type of Entity	Sole Proprietorship	☐ Partnership ☐ Foundation/NGO	Private	Limited	
Nature of Business/ Industry					
Date of Incorporation	D D M M Y Y	Y Country of Ir	ncorporation		
Country of Operation		Years in Ope	eration		
Tax Identification No. Transactions with Overseas (country)		Entity Regis (where appl SCUML Reg			
Annual Sales Turnover	NGN	Tax Residen	nt Status	Resident	Non-resident
Is Your Entity Affiliated With	Another Entity? Yes	No If Yes, Name	e Of Entity		
Type of Affiliation	Holding Company	Associate Compa	any	Subsidiary Comp	any
CRM No/Borrower's Code					
Have you in the past exec	cuted Government Contract	Yes No			
Are you currently execution	ng a Government Contact	Yes No			
If 'yes' kindly provide the	name of the government agenc	y who awarded the contra	act:		
1A ENTITY CONTACT	DETAILS				

Telephone (Mobile)																	F	Prefe				one N [.] pose)	Numb	ber	
Telephone (Office) +	cou	untry code	•	area co	de																				
Preferred Email Address																									
Registered Office Address																									
Address of Operation/Mailing	Addr	ress (if	differ	ent fr	om	abov	/e)														<u>.</u>				
												1				1	1								
1B PERSONAL INFOR	MAT	ION	OF S	OLE	PR	OPF	RIET	OR	ON	ILY															
Resident Permit No.]	ssue	e Dat	te	M	Μ	Y	Y	E	xpiry	y Da	ıte	Μ	Μ	Y	Y
Marital Status	M	larried	<u></u>	Single	e [0	ther_						_	Pla	ice o	f Bir	th								
Tax Identification number														Sta	ate o	f Ori	gin_								
1C DETAILS OF NEXT	OF	KIN F	OR T	HE	SOL	.E P	RO	PRI	ETC	DR C	DNL	Y													
Full Name																									
T I T L E					F	- 1	R	S	Т																

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Relationship							D	ate c	of Bii	rth	D	D	Μ	Μ	Y	Y	Y	Y] 0	Gend	er		/lale		Fen	nale
Telephone (Mobile)																										
Email Address																										
Residential Address	S	Т	R	Е	Е	Т		Ν	0				S	Т	R	Е	Е	Т			Ν	A	Μ	Е		
	Ν	Е	А	R	Е	S	Т		В	U	S		S	Т	0	Ρ					С	I	Т	Y		
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Mailing Address	Ρ	0		В	0	Х		С	0	D	Е				С	I	Т	Y								

1D OTHER BANK DETAILS (PLEASE INDICATE YOUR BANK ACCOUNT DETAILS)

	Bank/Branch Name/Country	Account Number	Account Status (Active/Dormant)
1			
2			
3			
4			

2 WHICH ACCOUNT(S) WOULD YOU LIKE TO OPEN?

Account Type		Currency	opt	ions				
Current Account	Goldcrest Account			USD	EUR	GBP	Other	
	Othere			USD	EUR	GBP	Other	
Term Deposit Call	Others Please Specify			USD	EUR	GBP	Other	

For Trade and Lending Products and Debit Cards, please fill in separate forms.

2A ACCOUNT ACTIVITY PROFILE

Source of Fund						
Reason and Purpose for Opening Account	nt 🗌 Loan R	Repayment	Payroll	Overdraf	t Facility 🗌 Others	
Anticipated Account Activity (please	tick the relevant	hoves helow)				Please Specify
Vintopated / teopant / tenty (piease		boxes below)				
Transaction Type	No. of Trans	sactions Per	Month	Total	Amount (USD Equivalent) F	Per Month
Deposits	0-10	11-50	>50	<500K	500K =<1,000K	□>=1,000K
Withdrawals	0-10	11-50	>50	<500K	500K =<1,000K	□>=1,000K
Outgoing International Transfers	0-10	11-50	>50	<500K	□ 500K =<1,000K	□>=1,000K
						·

3 PLEASE CONSIDER THESE VALUABLE SERVICES

*Cheque Book	**SMS	***E-mail	****\$2B	*****E-statment
Yes No	Yes No	Yes No	Yes No	Yes No

*You will be required to pre confirm any cheque above a certain amount as determined by the Bank from time to time. If you would like to have specific amount for pre confirmation, please state the amount in the box provided under Section 5 (Special Instructions).

**S2B is our Internet Banking Solution for businesses which allows you to access your account statements, make payments online and customise user access, while providing signatories with the capability to authorise payments conveniently.

Kindly fill out the S2B form on page 4 of this form if you require S2B set up.

***e-Statements will be sent to your preferred email address as indicated in Section 1A of this form. We will not send physical statements unless requested below. The default frequency for sending out the e-statements on your Current Accounts and Saving Accounts will be monthly unless otherwise stated below:

*Physical statement

Yes No

*Frequency

Monthly

Straight2Bank Application Form

Standard Chartered Bank



4	COMPANY PRO	OFILE	1																
Comp Register	oany Name ed business name																		
	ng Address will be sent to	No			S	Street									Are	а			
this addr	ress		City									State							
			Countr	y									Posta	Code					

Primary Contact and Other Users											
Full Name	Passport/NRIC	Mobile Number	E-mail Address	Profile Type#	User Login ID^	Signi	ng Limit				
As in passport/NRIC	. dooporantito		E-mail Address	Туре#	ecci Logini i	Currency	Amount				
User 1 (Primary Contact)											
User 2											
User 3											

*User to indicate their preferred User Login ID. Min 3 & Max 10 alphanumeric with no spacing between characters.

#Select one from the following profile types for each user: Administrator With Full Access Approver (With Payroll) Initiator (With Payroll) Access to all accounts Access to all accounts Access to all accounts • Access to book FX . Access to book FX Payment and payroll initiation Payment and payroll initiation Payment and payroll initiation • . Payment and payroll approval Payment and payroll approval Full administrative right* **Approver (Without Payroll)** Initiator (Without Payroll) **Viewing Only** Access to all accounts Access to all accounts Access to all accounts • Access to book FX Payment initiation Viewing only Access to reports and alerts

- Payment initiation
- Payment approval

A* - able to control user(s) access to S2B, including modifying and assigning user(s) access. adding new user(s) and locking and unlocking of user(s) access. Note: Access to reports and alerts are available for all profile types.

S2B AUTHORISATION MATRIX

Number of approvers required to complete a transaction Maximum transaction amount will be the lowest signing limit amongst the approvers	 Approver (Default if only 1 user access is created) Approvers (Only if ≥2 users access are created) Approvers (Only if 3 or more users access are created)
Can users approve self-initiated transactions? If only 1 user access is created, the default setting is 'Yes"	Yes No

SIGNATORIES 4B

For and on behalf of

I/ We hereby acknowledge and agree that Straight2Bank will be provided by Standard Chartered Bank (Nigeria) Limited (the "Bank") in accordance with and subject to the prevailing terms and conditions of this service as set out in the Bank's prevailing Standard Terms and applicable Country Supplement(s), which are to be read together with the Bank's prevailing Account Terms and applicable Country Supplement(s) (collectively, the "Standard Terms"). The Standard Terms may be amended at the Bank's sole discretion from time to time, and Straight2Bank is, and will continue to be, made available at the Bank's sole discretion. Copies of the Standard Terms are available at any branch of the Bank or on the Bank's website at sc.com/ng.

Approving Signatory	Approving Signatory
Name:	Name:
Date:	Date:
4C FOR BANK USE ONLY	
SCLID	Group ID

EBBS Master ID

SV



Details of Account(s)/Time Deposit

5 TRADE DISCLOSURE

Applicant Information

Name of Entity (insert full legal name)_

Business Registration Number (if applicable)

A/C No. (if applicable)

The Trade Disclosure Form is requested from you to better understand your needs. This is also important for our due diligence obligations, an integral of our global effort to combat money laundering, terrorist financing and fraudulent activities.

5A BUYERS AND SUPPLIERS

Name of Buyers or Suppliers	Buyer / Supplier	Buyers or Suppliers' Country of Operations	Is Buyer or Supplier Related Party ¹ to you
1. 2. 3. 4. 5.			Yes / No

5B GOOD

	Goods Category	Goods Description	Are Goods subject to export controls
		Please separate each Goods Description by comma (,)	Yes / No
1.	Animal and Animal Products	1	
2.	Chemicals and Allied Industries	2	
3.	Coffee	3	
4.	Commodities - Agricultural	4	
5.	Commodities - Energy	5	
6.	Commodities - Metal	6	
7.	Commodities - Oil Seeds and Edible Oil	7	
8.	Commodities - Others	8	
9.	Commodities - Precious Metal	9	
10.	Food	10	
11.	Horticulture	11	
12.	Machinery - Electrical - Telecommunication	12	
13.	Machinery and Transport Equipment	13	
14.	Manufactured Goods	14	
15.	Mineral - Fuel Products	15	
16.	Mineral Fuels (oil Products) and Lubricants	16	
17.	Petroleum Products	17	
18.	Plastic - Rubber - Leather	18	
19.	Raw Materials	19	
20.	Services	20	
21.	Stone - Glass	21	
22.	Теа	22	
23.	Textiles - Textile Products	23	
24.	Transportation	24	
25.	Vegetable Products	25	
26.	Wood and Wood Products	26	
27.	Other Agricultural Produce	27	
	Other Miscellaneous Finished Products	28	
	Other Export	29	
	Other Import	30	

5C COUNTRIES

Is movement/payment of Goods within the country (i.e. no cross-border Goods movement/payment)								
Yes Countries of Domestic Goods movement/payment	No Countries of Goods' Origination	Countries of Goods' Destination						
1	1	1						
2	2	2						
3	3	4						
5	5	5						

5d	5d DECLARATION																											
	I confirm that I have reviev	wed a	ll the	inforn	nation	provi	ded ir	n this	form a	and th	nat it i	s corr	ect to	the b	est of	f my ki	nowle	edge										
	I understand that this form	n is no	ot inter	nded 1	for us	e as a	stan	ding a	pplica	ation	for Tra	ade tr	ansac	tion							SC	I LE I	D For	Interna	al Use	Only		-
party. P their rel (e) parti majority	A Related Party refers to a person that directly, or in directly through one or more intermediaries, Controls, is Controlled by, or is under common with, the Applicant and includes person connected with the related party. Person connected with the related party includes (but shall not limited to) (a) relatives of a related party who is an individual, (b) directors and shareholders of a related party which is a body corporate, and their relatives, © bodies corporate Controlled by persons connected with a related party, (d) trustees of a trust under which a related party or persons connected with the related party are beneficiaries, and (e) partners of a related party. "Control" means where one person (either directly or indirectly and whether by share capital, voting power, contact or otherwise) has the power to appoint and /or remove the majority of the members of the governing body of another person or otherwise controls or has the power to control the affairs and policies of that other person and that other person is taken to be "Controlled" by the first person.																											
² Export of items of	Export controls goods are subject to country level export control laws, or multi-lateral export control regimes (and related strategic arms/technology control list) which either a) prohibit or restrict the export of such iems or b) require items to be exported or re-exported in accordance with a valid export license. Goods which are subject to export control/strategic control regimes are commonly referred to as "Military Use" or dual use" goods and the determination of whether or not these goods are subject to export controls, is the sole responsibility of the trader/exporter.																											
ACC	OUNT MANDATE			r or noi	t these	goods	are si	ubject	to expo	ort con	trols, i	s the s	ole res	ponsib	oility of	the tra	der/ex	porter.										
	adate to be replicated? Yes	s or N	0									*lf ľ	No, Pr	ovide	Boar	d Res	olutio	n										
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5																												
Speci	Special Instructions {define joint authorising limit, signing combinations and pre-confirmation threshold (if any)}.																											
*Pre-o	Pre-confirmation amount																											
Please	Please also state the amount if you would like to have specific amount for pre-confirmation, other than the amount set by the bank from time to time in the special instruction box above.																											
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Full N																												
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Local	Mother's Maiden Name Occupation Local Government Area State of Origin																											
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Photo	Photograph Specimen Signature																											

Authorised Signatory

Full Name									1						1		1		1				1			<u>г г</u>	
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Gender Male	Fem	ale		D)ate (of Bi	rth				M	Y	Y		Y	r	Pla	ace o	of Bir	rth _							
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Local Government Area State of Origin																											
Telephone (Mobile)]										
Email Address																											
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8 PARTNERS, SHAREHOLDERS OR DIRECTORS DETAILS

Partner/Shareholder/Director Details

Full Name																														
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M I D	D	L	Е										L	А	S	Т														
Gender	M	ale		Fem	ale		D	ate	of Bi	rth	D	D	N	N	1 Y	Y	Y	Ý		Pla	ice d	of Bir	rth _							
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Local Government Area State of Origin																														
Occupation Job Title																														
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Partner/Share			Direc		Deta	ils																	1	1	1	1				
	L									F		R	S	Т														<u> </u>		
MID	D		E											A	S															
Gender	M	lale		Fem	nale			Date	of Bi	rth					/I Y					Pla	ace (of Bi	rth _							
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Partner/Shareholder/Director Details

Full Name			
T I T L E		F	I R S T I I I I I I I I I I I I I I I I I I
M I D D L E			
Gender Male	Female	Date of Birth	D M M Y Y Y Place of Birth
ID No.			Bank Verification No.
ID Issue Date	D M M	Y Y Y Y	ID National ID Passport Voter's Card Driver's License
ID Expiry Date	M M Y	Y Y Y	Mother's Maiden Name
Local Government Area –			State of Origin
Occupation			Job Title
Telephone (Mobile)			
Email Address			
Residential Address	S T R	E E T I	N O S T R E E T N A M E
	N E A	R E S T	B U S S T O P C I T Y
	L O C	A L G (0 V T A R E A S T A T E

Partner/Shareholder/Director Details

Full Name		
T I T L E	F I	I R S T
M I D D L E		
Gender Male	Female Date of Birth	D M M Y Y Y Place of Birth
ID No.		Bank Verification No.
ID Issue Date	D M M Y Y Y	ID National ID Passport Voter's Card Driver's License
ID Expiry Date	M M Y Y Y	Mother's Maiden Name
Local Government Area		State of Origin
Occupation		Job Title
Telephone (Mobile)		
Email Address		
Residential Address	S T R E E T N	N O S T R E E T N A M E
	N E A R E S T	B U S S T O P C I T Y
		V T A R E A S T A T E

General Terms and Conditions

- 1. I/We agree that the Bank will send all correspondence in electronic form using email or any other electronic media. However, the Bank reserves the right to send paper correspondence to the last known address as per the Bank's records.
- 2. I/We represent and warrant that all information (including any documents) I/We have given to the Bank in connection with this application, is correct, complete and not misleading. If this is not the case, I/We will be personally liable. I/We must notify the Bank if I/we become aware that any information I/we have given changes, is incorrect or misleading. I/We confirm that all personal information provided in this application form and that of the authorised persons (if any) and signatories (if any) will apply to the account(s) I/we hold with the Bank unless I/we expressly tell the Bank otherwise.
- 3. I/We represent and warrant that I/we have power and all necessary authorisations to own my/our assets and carry on any business I/we conduct, to enter into each of the Bank's banking agreements and any other arrangement with the Bank and to comply with my/our obligations and exercise my/our rights under them.
- 4. I/We authorise the Bank to disclose to, and verify any of the information I/we have given to the Bank or my/our credit standing from anyone the Bank may consider appropriate (such as an authority or credit reference agency).
- 5. I/We consent to each of Standard Chartered Bank PLC and its subsidiaries (Standard Chartered Investment Services (SCIS) for investment products) and affiliates (including each branch or representative office) ("Standard Chartered Group"), its officers, employees, agents and advisers disclosing information relating to us (including details of the Bank's banking agreement, the accounts, the products or any arrangement with the Bank) to the Bank's head office and any other member of the Standard Chartered Group in any jurisdiction ("permitted parties"); professional advisers, service providers (whether located in Nigeria or outside Nigeria) for the purposes of providing any service to us in connection with this application (including data processing), or independent contractors to, or agents of, the permitted parties, such as debt collection agencies, data processing firms and correspondents who are under a duty of confidentiality to the permitted parties, any actual or potential participant or sub-participant in relation to any of our obligations under the Bank's banking agreement between us, or assignee, novatee or transferee (or any officer, employee, agent or adviser of any of them), any credit reference agency, rating agency, business alliance partner, insurer or insurance broker of, or direct or indirect provider of credit protection to, or any permitted parties; any court, tribunal or authority (including an authority investigating an offence) with jurisdiction over the permitted parties; a merchant or member of VISA International or MasterCard International or China Union Pay where the disclosure is in connection with the use of a card; any authorised person or any security provider; anyone the Bank considers necessary in order to provide us with the services in connection with an account.
- 6. I/We have been provided with and confirm to have read and understood or have been explained to (in the language I/We understand) the Bank's Account Terms, Standard Terms, Country Supplement, Service Application Forms/Terms, Master Credit Terms, General Trade Terms and Investment Service Terms and Conditions (ISTC), all forming part of the Bank's banking agreement which are also available at the Bank's branches and I/We agree to be bound by them. I/We acknowledge that I/We are bound by any variation the Bank makes to these documents, in accordance with the Bank's banking agreement. In particular, I/We understand that by entering into the Bank's banking agreement, I/We give indemnities, authorisations, consents and waivers and agree to limitations on the Bank's liability. I/We understand that the ISTC shall apply to all transactions in relation to investment products (other than investment linked insurance products) that I/We enter into with or through the Bank and that the ISTC shall not apply to me/us if I/We do not enter into any investment products with or through the Bank.
- 7. I/We agree that the Bank has the right to set off the amount held in lien/term deposit against which a cash secured facility(ies) has been granted to us by the Bank, in the event of default. I/We authorise the Bank to purchase such foreign currency with the monies standing to the credit of our account(s) as may be necessary, to effect the set off and settle any outstanding amount on the loan facility, where necessary to facilitate the offsetting of the facility in default. I/We agree that the lien/term deposit will only be lifted upon full repayment of the facility(ies). I/We agree that I/We shall lay no claim whatsoever to the funds under lien/term deposit until such time the facility is repaid in full.
- 8. I/We agree not to issue cheque(s) against my/our accounts if not sufficiently funded in compliance with the Dud Cheque Laws and Regulations.
- 9. I/We authorise the Bank to debit my/our account with the applicable charges for legal search conducted on my/our account at the Corporate Affairs Commission or relevant agency/authority.
- 10. I/We understand that under the applicable Taxation Laws of Nigeria, interest paid to resident and non resident applicants is subject to withholding tax.
- 11. If we have reason to suspect that a fraudulent activity is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to appropriate law enforcement agencies'.
- 12. I/We agree to be bound by this declaration on this application form together with the Board resolution provided.

Authorised Signatory Name & Designation	Signature	Date
Authorised Signatory Name & Designation	Signature	Date
Authorised Signatory Name & Designation	Signature	Date

10 FOR BANK USE ONLY

A. To be filled by sales/branch staff										
Sales Person's Name	Closing ID									
Sourcing ID	Signature									
Referral Person's Name	_ Referral ID									
RM/ARM Name	RM/ARM Code									
Sales/Branch Manager's Name	Sales/Branch Manager's Signature									
Address Verification										
B. To be filled by branch										
Account Number	Relationship Number									
Branch Code	Master Number									
Client Segment Code										
Ultimate Country Code	ISIC Code (4 digit)									
Institution Classification	ISIC Code (6 digit)									
Constitution Code	Operating Instructions									
Product Code	Interest Code									
GL Department ID	Fund Ownership									
C. To be filled by middle office/eCDD										
Risk Code	Risk Reason									
Assigned Risk Reason Code	Residency Classification									
Static Data Input by	Data Validation by									
Sign & Date										