



Additional Individual Account Opening Form



1 Personal details

Please complete in BLOCK LETTERS and tick to indicate your preference where applicable

- Is your existing account a joint account? If YES please fill both sections below; If NO please fill only section A
- Please note that if your details have changed as per bank records you would be required to provide supporting documents

A) First Applicant Particulars:

Full Names as per Bank Records

				L	a	s	t	N	a	m	e			
				F	i	r	s	t	N	a	m	e		
				M	i	d	d	l	e	N	a	m	e	

Current Address(es):

Home: _____

Office: _____

Current Telephone Number(s): _____

Mobile _____

Home / Office _____

Current e-mail address _____

Tax Identification No _____

B) Second Applicant Particulars:

Full Names as per Bank Records

				L	a	s	t	N	a	m	e			
				F	i	r	s	t	N	a	m	e		
				M	i	d	d	l	e	N	a	m	e	

Current Address(es):

Home: _____

Office: _____

Current Telephone Number(s): _____

Mobile _____

Home / Office _____

Current e-mail address _____

Tax Identification No _____

2 Which account would you like to apply for?

- Current Savings
 eSaver DIVA
 Term Deposit

Currency (please specify)

- NGN EUR
 GBP USD

Initial Deposit _____

Debit my / our Standard Chartered Bank account number _____

And Credit the initial deposit stated above to my / our new account _____

Mode of settlement (please specify)

- Cash
 Cheque (bank and cheque number) _____

3 Please consider these valuable services

Debit Cards:

- VISA Card VISA Electron
 VPay VISA Gold
 Priority Pass

Limit (Excluding VPay):

ATM _____

POS _____

Other Services:

- Online Banking SMS Alert
 Cheque book eStatement

Frequency of eStatement

- Monthly Quarterly

Name to be printed on card

- Kindly leave a space after each word
- Please do not exceed number of boxes provided

First Applicant

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Second Applicant

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



4

Term Deposit Section Deal Creation and Increase Only

I / we the undersigned instruct Standard Chartered Bank to:

- Create new FD
- Increase existing FD by debiting account number _____ with sum of _____ and transferring same to the new / existing FD account / deal number _____

Value Date / /

Currency (please specify)

- NGN EUR
- GBP USD

Place deposit at prevailing rate for deposit tenor of:

- 30 days 60 days
- 90 days 180 days
- 360 days

At Maturity:

Rollover

- Principal + Interest
- Principal only
- None

5

Mandate Instructions

By signing this form, you consent to and have read and understood the Terms and Conditions and other supporting documents relevant to this product

First Applicant Signature

Date _____

Second Applicant Signature

Date _____

Do you want a different mandate for the account you are applying for?

If **Yes** please complete this section

If **No** please ignore

Sole Account holder _____

- Joint Account holder Any one of us
- All of us Others

Bank use only

Anticipated Value _____

Anticipated Volume _____

Source of funds _____

Relationship No _____

Master No _____

New Account No _____

DSR Code _____

All in Rate _____

Base Rate _____

Processing Branch _____

Replicate Mandate (Where mandate has not changed) _____

Verified by (Name) _____

Verified by Signature