

## DIASPORA ACCOUNT OPENING FORM-INDIVIDUAL

Category of Account (Tick as appropriate)

Joint Account  Fixed Investment Account  Other Types of Account

Type of Account (Please indicate the type of account you want to open by ticking in the box below)

Naira Current Account  Naira Savings Account  Domiciliary Account

\$	€	¥	£

Branch

Biometric ID No:

Account No. (for official use only)

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following ABC

Affix  
Passport  
Photograph  
Here

### 1. PERSONAL INFORMATION

Title  Surname

First Name

Middle Name

Marital Status (Please tick) Single  Married  Divorced  Separated  Gender F  M

Mother's Maiden Name

State of Origin  LGA

Tax Identification Number (TIN)  Purpose of Account

Do you have dual citizenship  Yes  No  If yes, please specify

Social Security Number:

### 2. CONTACT DETAILS ABROAD

#### Residential Address

Address Line1

Address Line2

City/Town  Postal/Zip Code

State/Province/Region

Mailing Address

Phone Number (1)  Phone Number (2)

E-mail address

### 3. CONTACT DETAILS NIGERIA

Title  Surname

First Name

Middle Name

Marital Status (Please tick) Single  Married  Divorced  Separated  Gender F  M

Residential Address

Phone Number  Relationship

### 4. VALID MEANS OF IDENTIFICATION

National ID Card  National Driver's License  International Passport  \* Others (Please specify)

ID No.

ID Issue Date

ID Expiry Date

**5. EMPLOYMENT DETAILS**

Employment Status – Employed  Self Employed  Unemployed  Retired  Student  Others

**Annual Salary/Expected Annual Income**

Annual Salary: (a) Less than \$50,000  (b) \$51,000 - \$250,000  (c) \$251,000-\$500,000  (d) \$501,000-Less than \$1000,000   
 (e) \$1million-Less than \$5million  (f) \$5million- Less-than N10million  (g) \$10million-Less than \$20million  (h) Above \$20million

Employer's/ Company Name  Date of Employment (if employed) 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

Address Line1 (Street Address)

Address Line2 (Apartment, Building, Floor etc.)

City/Town  Postal/ Zip Code

State/Province/ Region

Nature of Business / Occupation

Office Phone Number  Fax Number

**6. DETAILS OF NEXT OF KIN**

Surname

Middle Name

First Name

E-mail Address

Relationship  Mobile Number

**Contact Details** (If different from 2. Above)

Address Line1 (Street Address)

Address Line2 (Apartment, Building, Floor etc.)

City/Town  Postal/ Zip Code

State/Province/ Region

**FOR JOINT ACCOUNT HOLDER'S ONLY**

**1b. PERSONAL INFORMATION**

Title  Surname

First Name

Middle Name

Marital Status (Please tick) Single  Married  Divorced  Separated  Gender F  M

Mother's Maiden Name

State of Origin  LGA

Tax Identification Number (TIN)  Purpose of Account

Do you have dual citizenship  Yes  No If yes, please specify

Social Security Number:

**2b. CONTACT DETAILS ABROAD**

**Residential Address**

Address Line1   
(Street Address)

Address Line2   
(Apartment, Building, Floor etc)

City/Town  Postal/Zip Code

State/Province/Region

Mailing Address   
(If different from above)

Phone Number (1)  Phone Number (2)

E-mail address

**3b. CONTACT DETAILS NIGERIA**

Title  Surname

First Name

Middle Name

Marital Status (Please tick) Single  Married  Divorced  Separated  Gender F  M

Residential Address

Phone Number  Relationship

**4b. VALID MEANS OF IDENTIFICATION**

National ID Card  National Driver's License  International Passport  \* Others (Please specify)

ID No.  ID Issue Date  ID Expiry Date

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

**FOR JOINT ACCOUNT HOLDER'S ONLY**

**5b. EMPLOYMENT DETAILS**

Employment Status – Employed  Self Employed  Unemployed  Retired  Student  Others

**Annual Salary/Expected Annual Income**

Annual Salary: (a) Less than \$50,000  (b) \$51,000 - \$250,000  (c) \$251,000-\$500,000  (d) \$501,000-Less than \$1000,000   
 (e) \$1million-Less than \$5million  (f) \$5million- Less-than N10million  (g) \$10million-Less than \$20million  (h) Above \$20million

Employer's/ Company Name  Date of Employment (if employed) 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

Address Line1 (Street Address)

Address Line2 (Apartment, Building, Floor etc)

City/Town  Postal/ Zip Code

State/Province/ Region

Nature of Business

/ Occupation

Office Phone Number  Fax Number

**6b. DETAILS OF NEXT OF KIN**

Surname

Middle Name

First Name

E-mail Address

Relationship  Mobile Number

**Contact Details** (If different from 2. Above)

Address Line1 (Street Address)

Address Line2 (Apartment, Building, Floor etc)

City/Town  Postal/ Zip Code

State/Province/ Region

### 7. ADDITIONAL DETAILS

I. Name of Beneficial Owner(s):

II. Spouse's Name

III. Spouse's Date Of Birth: 

D	D

M	M

Y	Y	Y	Y

 Spouse's Occupation

IV Sources of Fund to the Account

Expected annual income from other sources

V. Name of associated business(es) (if any)

VI. Type of Business

VII. Business Address

### 8. ACCOUNT SERVICE(S) REQUIRED (Please tick option below)

Card Preferences: Debit Card  Credit Card  Prepaid Card  Mastercard  Visacard

Online Banking Token (Fee applies) Soft token  Hard token

Mobile Banking

Transaction Notification: SMS Alert (Fee applies)  E-mail Alert (Free)

Statement Preferences: E-mail (Free)  Post  Branch

Statement Frequency Monthly  Quarterly

Cheque Book Requisition: 25 Leaves  50 Leaves

Cheque Confirmation: Will you like to Pre-confirm your cheque? Yes  No

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

### 9. ACCOUNT HELD WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT
1					
2					
3					
4					

### 10. ACCOUNT MANDATE

a. Account name \_\_\_\_\_

b. Account No.           (for official use only)

c. Mandate authorisation / Combination rule (Please tick as appropriate): Sole Signatory  Either to sign  Both to sign

#### d. Signatories

Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature &

Date

PHOTO

Signature & Date

Name Of Officer

Signature

Signature & Date

Name Of Officer

Signature

#### e. Signatories ( If Joint Account)

Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature &

Date

PHOTO

Signature & Date

Name Of Officer

Signature

Signature & Date

Name Of Officer

Signature



**FOR BANK USE ONLY**

**1. REQUIREMENT CHECKLIST**

**Savings Account**

S/N	REQUIREMENTS	CHECKED	DEFERRED	WAIVED
1	Duly completed account opening form			
2	Specimen signature card duly completed			
3	<b>Proof of Identity: A notarized/sighted copy of (1) of:</b> ✎ A valid Nigerian Passport ✎ A valid Nigerian Driver's license ✎ A valid Nigerian National identity card			
4	<b>Proof of Residential Address: A notarized/sighted copy of (1) of:</b> ✎ Duly filled Banker's confirmation ✎ Copy of utility bill issued within the last three months showing the same address as supplied ✎ Bank/Credit statement issued within the last three months showing customer address ✎ Proof of address in Nigeria along with evidence of intention to Migrate (letter from employer, airplane tickets) as well as two letters of reference (for those who are currently in Nigeria but intend to relocate soon)			
5	Duly notarized indemnity form			

**Current/Domiciliary/Other types of Account**

S/N	REQUIREMENTS	CHECKED	DEFERRED	WAIVED
1	Duly completed account opening form			
2	Specimen signature card duly completed			
3	<b>Proof of Identity: A notarized/sighted copy of (1) of:</b> ✎ A valid Nigerian Passport ✎ A valid Nigerian Driver's license ✎ A valid Nigerian National identity card			
4	<b>Proof of Residential Address: A notarized/sighted copy of (1) of:</b> ✎ Duly filled Banker's confirmation ✎ Copy of utility bill issued within the last three months showing the same address as supplied ✎ Bank/Credit statement issued within the last three months showing customer address ✎ Proof of address in Nigeria along with evidence of intention to Migrate (letter from employer, airplane tickets) as well as two letters of reference (for those who are currently in Nigeria but intend to relocate soon)			
5	Duly notarized indemnity form			
6	<b>References: Two acceptable references using either of the following options:</b> <b>a.Option 1:</b> ✎ An independent reference letter obtained from current bankers (foreign) and ✎ A signed reference form by an Attestor of Nigerian Origin who maintains a current account with a Nigerian Bank <b>b.Option 2:</b> ✎ Two signed reference forms by Attestor of Nigerian origin who maintains a current account with a Nigerian Bank			
7	For Joint accounts: A notarized copy of marriage certificate is also required along with all other			

**11. For Bank Use Only**

**A. ACCOUNT OPENED BY:**

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

**C. ADDRESS VERIFICATION CARRIED OUT BY:**

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

Comment(s) (Address description and result finding):

.....  
 .....  
 .....

**D. ACCOUNT OPENING AUTHORIZED/APPROVED BY:**

Name

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y



LETTER OF REFERENCE



The Manager,  
Access Bank Plc

**CAUTION**  
IT IS NOT ADVISABLE TO  
INTRODUCE ANY PERSON NOT  
WELL KNOWN TO YOU.

Dear Sir,

I/We wish to confirm that I/we have known the above named individual(s)/proprietor/partners for .....

I/We would like to comment about his/her (their) suitability for the purpose of maintaining an account with yourselves as follows:

I/We maintain a current account with (Name of Bank):

Address

My/Our Account Number is

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

Name

\_\_\_\_\_

Yours faithfully,

Address

\_\_\_\_\_

Signature & Date

\_\_\_\_\_

dd / mm / yy



LETTER OF REFERENCE



The Manager,  
Access Bank Plc

**CAUTION**  
IT IS NOT ADVISABLE TO  
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Dear Sir,

I/We wish to confirm that I/we have known the above named individual(s)/proprietor/partners for .....

I/We would like to comment about his/her (their) suitability for the purpose of maintaining an account with yourselves as follows:

I/We maintain a current account with (Name of Bank):

Address

My/Our Account Number is

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

Name

\_\_\_\_\_

Yours faithfully,

Address

\_\_\_\_\_

Signature & Date

\_\_\_\_\_

dd / mm / yy

## ATM CARD TERMS AND CONDITIONS

### 1. DEFINITIONS

In this Agreement:

"Account" means any account held by a Cardholder in the Bank from which the Cardholder can carry on transaction with the Card.

"Accountholder" means a customer of the bank who has an account with the Bank.

"Card or accesscard" means the debit card, including any renewal, replacement or Additional card(s) issued by the Bank to the Cardholder.

"Cardholder" means the person to whom the Bank issues one or more of the Card.

"Hotlist" means the list containing information on missing, lost, stolen, invalid cancelled cards.

"Participating bank" means any bank other than the Bank participating in the Interswitch or Visa Payment System. ISSUE OF CARDS

2.1. The Card is a debit card available only to Accountholders of the Bank.

2.2. The Card shall only be used by the Cardholder and in accordance with the terms and conditions herein stated.

2.3. Withdrawal of funds with the Card from any ATM is only allowable against the credit balance on the relevant account of the Cardholder.

2.4. The Card may be used at all ATMs of the Bank wherever situated, and the ATMs of other participating banks in the interswitch and/or visa network.

### 3. USE OF THE CARD AND PIN

3.1. The Cardholder shall exercise all possible care to ensure the safety of the Card in his/her possession at all times.

3.2. The Cardholder shall be responsible for the formulation and imputation of his/her PIN which shall at all times be known only and used solely by the Cardholder.

3.3. The PIN shall not under any circumstances be disclosed to any third party and if written on any material, it shall be the responsibility of the Cardholder to keep such material entirely secure at all times.

3.4. Use of the Card shall not be allowed after the validity period stated on the Card, after same has been placed on the hotlist, or after any notification to the Cardholder by the Bank or any of its officers or agents of the cancellation or withdrawal of the Card.

3.5. It shall be the responsibility of the Cardholder to notify the Bank immediately in respect of any change in his/her name, business or residential address or telephone number(s).

3.6. The Bank shall not be liable of any machine malfunction, strike or dispute or any other circumstances affecting the use of the Card which is outside the direct control of the Bank.

3.7. The Cardholder shall be exclusively responsible for any losses arising from use of the Card by any unauthorized person up to seven days after the Bank receives written notification in accordance with clause 8.2 below.

3.8. The Cardholder shall be exclusively responsible for any losses to the Bank arising from the want of exercise of care in keeping the Card or the secrecy of the PIN or the use of the Card by any person whatsoever other than the Cardholder.

3.9. The Cardholders shall assist the Bank and/or its officers or agents in the investigation of any loss, theft or possible misuse of the Card and in the recovery of any such Card.

### 4. TRANSACTION LIMIT

withdrawal per transaction from any ATM at any single transaction is limited to N20,000.00 (twenty thousand Naira only) and each Cardholder is permitted to a maximum of 3 (three) withdrawals per day, subject to a maximum amount of N40,000.00 or its equivalent. Please confirm these transaction limits remain relevant for this product

### 5. FEES

all fees and charges applicable for the issuance and use of the Card shall be as may be determined from time to time by the Bank

### 6. REPRESENTATION AND WARRANTIES OF THE BANK

The bank represents and warrants as follows:

6.1. The Bank is a member of the Interswitch Payment Systems.

6.2. The Card may be used in all ATMs bearing the Interswitch Payment logos irrespective of the Bank of ownership. Provided that:

6.2.1.1. The Card is valid and authenticated in accordance with agreed security measures.

6.2.1.2. That Cardholder pays any fees including cash withdrawal fees charged by the Bank or the participating bank.

6.2.1.3. The Card is not on the hotlist and

6.2.1.4. The transaction meets the conditions set by the participating bank.

### 7. COVENANTS OF THE CARDHOLDER

The Cardholder hereby covenants and undertakes that the Cardholder shall comply with the terms of this Agreement and all other rules and regulations relating to the issuance and use of the Card.

### 8. LOST AND STOLEN CARDS

8.1. If a Card is lost, missing or stolen or if the PIN becomes known to any other person or if a card or PIN for any other reason is likely to be misused, the Cardholder must, as soon as possible notify the Bank Loss Centre at Victoria Island branch or the nearest branch of the Bank.

8.2. Where such notification is made orally, it shall not take effect until the Bank receives effective notification in writing and the Cardholder shall be liable in respect of any use of the Card within seven days after the receipt of such written notification.

8.3. Upon receipt of such Notice as contemplated above, the Bank shall at the cost of the Cardholder issue a replacement card to the Cardholder.

8.4. It shall be the responsibility of the Cardholder to change the PIN as soon as a replacement Card is issued.

8.5. Any card that is reported as lost, stolen or missing which is found or recovered thereafter must be returned to the Bank immediately upon being found or recovered.

### 9. BANKRUPTCY, INSOLVENCY AND RECEIVERSHIP

in the event of the dissolution, death, bankruptcy or liquidation of the Cardholder, the Bank may at its absolute discretion terminate this agreement and disable the Card,

or in the absence of any court order to the contrary, for a fee and within two weeks of notification of any of the events aforesaid, issue a new card in favour of the receiver, receiver/manager, liquidator, trustee-in-bankruptcy, executor or administrator of the Cardholder.

### 10. DISCLOSURE OF INFORMATION

i. Access Bank may hold and process by computer or any other means, information obtained about the Cardholder in consequence of this agreement.

ii. Access Bank may disclose information on the Cardholder to:

a) Any person (including the police) for purpose of investigation of a fraud related matter.

b) Any relevant party involved in processing Accesscard transactions.

c) Any person who may assume Access Bank's right under this agreement.

d) Any party, if permitted or compelled to do so by the provision of any enactment, order of a court of law or any regulatory institution.

### 11. TERMINATION OF THIS AGREEMENT

either party may terminate this agreement with seven days written notice to the other party. PROVIDED HOWEVER, THAT the Bank may terminate his agreement with or without notice if the circumstance so warrant.

### 12. GENERAL PROVISIONS

12.1. The Bank reserves the right at all times to supplement amend or vary this agreement as a result of a requirement of law or product development or such other reason communicated to the Cardholder at the time of notification of the change. Any such change will be effective upon notice to the Cardholder and notice shall be by any means the Bank thinks fit. On receipt of such notification, the Cardholder may at its discretion terminate this agreement in accordance with the conditions of this agreement.

12.2. On termination, bankruptcy, dissolution, insolvency, liquidation or death, the Cardholder's obligations will continue until all cards issued in respect of the account are returned and all outstanding indebtedness owe to the Bank by the Cardholder is fully repaid.

12.3. The waiver by the Bank of any breach of any term of this agreement will not prevent the subsequent enforcement of that term and will not be deemed a waiver of any subsequent breach.

### APPLICABLE LAW

This agreement shall be governed and construed in line with the laws of the Federal Republic of Nigeria and the submit to the exclusive jurisdiction of the Courts of the federal republic of Nigeria.

**I HEREBY CONFIRM THAT I HAVE READ THE ABOVE TERMS AND CONDITIONS AND AFFIRM THAT I TRULY UNDERSTAND AND ACCEPT SAME AS BINDING ON ME**

Authorized Signatory

Date Authorized Signatory & Date