

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)

CONFIDENTIAL
FORM B

CUSTOMER KYC (ACCOUNT) CATEGORY	☐ CORPORATE CLIENTS	☐ LOCAL FI	☐ FOREIGN FI	☐ LOCAL NON FI	☐ FOREIGN NON FI										
ACCOUNT TYPE	☐ CURRENT ACCOUNT	☐ FIXED DEPOSIT ACCOUNT	☐ DOMICILIARY ACCOUNT	<table border="1"> <tr> <td>\$</td> <td>€</td> <td>¥</td> <td>£</td> <td>Others</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		\$	€	¥	£	Others					
\$	€	¥	£	Others											

THIS FORM SHOULD BE COMPLETED IN CAPITAL LETTERS. CHARACTERS AND MARKS SHOULD BE SIMILAR IN STYLE TO THE FOLLOWING

BRANCH		BRANCH CODE		ACCOUNT NUMBER	
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MANDATORY - PLEASE COMPLETE THIS SECTION

HOW DID YOU HEAR ABOUT US?	☐ RADIO	☐ NEWSPAPER	☐ BILLBOARD	☐ TV	☐ INTERNET	☐ SOCIAL MEDIA	☐ FIRSTBANK	☐ FRIEND/FAMILY	☐ OTHER
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1. COMPANY DETAILS (PLEASE COMPLETE IN BLOCK LETTERS AND TICK

COMPANY/BUSINESS NAME											
CERTIFICATE OF INCORPORATION/REGISTRATION NUMBER											
DATE OF INCORPORATION / REGISTRATION										JURISDICTION OF INCORPORATION/REGISTRATION	
BUSINESS TYPE / NATURE						SECTOR/INDUSTRY					
OPERATING BUSINESS ADDRESS 1											
	STREET NAME										
	CITY/TOWN					LOCAL GOVT. AREA					
	STATE, COUNTRY										
SECONDARY BUSINESS ADDRESS 2											
	STREET NAME										
	CITY/TOWN					LOCAL GOVT. AREA					
	STATE, COUNTRY										
CORPORATE BUSINESS ADDRESS/REGISTERED OFFICE											
(IF DIFFERENT FROM ABOVE)	STREET NAME										
	CITY/TOWN					LOCAL GOVT. AREA					
	STATE, COUNTRY										
EMAIL ADDRESS											
WEBSITE (IF ANY)											
CONTACT NUMBER 1										CONTACT NUMBER 2	
	COUNTRY CODENUMBER					COUNTRY CODENUMBER					
PREFERRED MEANS OF COMMUNICATION	☐ POST	☐ E-MAIL	☐ IN PERSON	☐ HOLD MAILES							
TAX IDENTIFICATION NUMBER (TIN)											
SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG. NO											

2. ANNUAL TURNOVER

ANNUAL TURNOVER CURRENCY	☐ USD	☐ NGN	☐ GBP	☐ EUR
(A)	☐ LESS THAN 50 MILLION	☐ 50 MILLION - LESS THAN N500 MILLION	☐ 500 MILLION - LESS THAN N5 BILLION	☐ ABOVE 5 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	☐ MASTER CARD	☐ 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 TITLE		SURNAME																																	
OTHER NAME		FIRST NAME																																	
MOTHER'S MAIDEN NAME																																			
DATE OF BIRTH	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									GENDER	☐ M ☐ F																
D	D	M	M	Y	Y	Y	Y																												
MARITAL STATUS	☐ SINGLE	☐ MARRIED	☐ DIVORCED	☐ WIDOWED																															
NATIONALITY		PLACE OF BIRTH																																	
STATE OF ORIGIN		LGA OF STATE OF ORIGIN																																	
DO YOU HAVE DUAL CITIZENSHIP?	☐ YES ☐ NO	IF YES, PLEASE STATE SECOND NATIONALITY																																	
RESIDENCY STATUS	☐ PERMANENT	☐ TEMPORARY	RESIDENT PERMIT NO. (IF APPLICABLE)																																
PERMIT ISSUE DATE	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									PERMIT EXPIRY DATE	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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ID TYPE	☐ NATIONAL ID	☐ DRIVER'S LICENSE	☐ INTERNATIONAL PASSPORT	☐ PERMANENT VOTERS' CARD	☐ OTHERS																														
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BANK VERIFICATION NO																																			
OCCUPATION		STATUS/JOB TITLE																																	
POSITION/OFFICE OF THE OFFICER																																			
RESIDENTIAL ADDRESS																																			
	HOUSE NUMBER	STREET NAME																																	
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	STATE, COUNTRY																																		
MOBILE NUMBER (1)		MOBILE NUMBER (2)																																	
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E-MAIL ADDRESS																																			
CLASS OF SIGNATORY																																			
(PLEASE INDICATE CLASS IN THE BOX PROVIDED)	☐ A ☐ B ☐ C	SIGNATURE																																	
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D	D	M	M	Y	Y	Y	Y																												

3 TITLE			SURNAME						
OTHER NAME			FIRST NAME						
MOTHER'S MAIDEN NAME									
DATE OF BIRTH							GENDER	☐ M	☐ F
MARITAL STATUS	☐ SINGLE	☐ MARRIED	☐ DIVORCED	☐ WIDOWED					
NATIONALITY				PLACE OF BIRTH					
STATE OF ORIGIN				LGA OF STATE OF ORIGIN					
DO YOU HAVE DUAL CITIZENSHIP?	☐ YES	☐ NO	IF YES, PLEASE STATE SECOND NATIONALITY						
RESIDENCY STATUS	☐ PERMANENT	☐ TEMPORARY	RESIDENT PERMIT NO. (IF APPLICABLE)						
PERMIT ISSUE DATE							PERMIT EXPIRY DATE		
OTHER COUNTRY OF TAX RESIDENCE									
ID TYPE	☐ NATIONAL ID	☐ DRIVER'S LICENSE	☐ INTERNATIONAL PASSPORT	☐ PERMANENT VOTERS' CARD	☐ OTHERS				
	IF OTHERS PLEASE SPECIFY								
ID NUMBER									
ID ISSUE DATE							ID EXPIRY DATE		

BANK VERIFICATION NO																			
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POSITION/OFFICE OF THE OFFICER																			
RESIDENTIAL ADDRESS																			
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MOBILE NUMBER (1)											MOBILE NUMBER (2)								
	COUNTRY CODENUMBER										COUNTRY CODENUMBER								
E-MAIL ADDRESS																			
CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDED)	☐ A	☐ B	☐ C	SIGNATURE											DATE				

6A. DETAILS OF DIRECTORS/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS

1 TITLE											SURNAME								
OTHER NAME											FIRST NAME								
MOTHER'S MAIDEN NAME																			
DATE OF BIRTH											GENDER	☐ M	☐ F						
NATIONALITY											PLACE OF BIRTH								
DO YOU HAVE DUAL CITIZENSHIP?	☐ YES	☐ NO	IF YES, PLEASE STATE SECOND NATIONALITY																
RESIDENCY STATUS	☐ PERMANENT	☐ TEMPORARY	RESIDENT PERMIT NO (IF APPLICABLE)																
PERMIT ISSUE DATE											PERMIT EXPIRY DATE								
ID TYPE	☐ NATIONAL ID	☐ DRIVER'S LICENSE	☐ INTERNATIONAL PASSPORT	☐ PERMANENT VOTERS' CARD	☐ OTHERS	IF OTHERS PLEASE SPECIFY													
ID NUMBER																			
ID ISSUE DATE											ID EXPIRY DATE								
BANK VERIFICATION NO																			
OCCUPATION											STATUS/JOB TITLE								
POSITION/OFFICE OF THE OFFICER																			
RESIDENTIAL ADDRESS																			
	HOUSE NUMBER										STREET NAME								
	CITY/TOWN										LOCAL GOVT. AREA								
	STATE, COUNTRY																		
MOBILE NUMBER (1)											MOBILE NUMBER (2)								
	COUNTRY CODENUMBER										COUNTRY CODENUMBER								
E-MAIL ADDRESS																			

2 TITLE											SURNAME								
OTHER NAME											FIRST NAME								
MOTHER'S MAIDEN NAME																			
DATE OF BIRTH											GENDER	☐ M	☐ F						
NATIONALITY											PLACE OF BIRTH								
DO YOU HAVE DUAL CITIZENSHIP?	☐ YES	☐ NO	IF YES, PLEASE STATE SECOND NATIONALITY																
RESIDENCY STATUS	☐ PERMANENT	☐ TEMPORARY	RESIDENT PERMIT NO (IF APPLICABLE)																
PERMIT ISSUE DATE											PERMIT EXPIRY DATE								

ID TYPE ☐ NATIONAL ID ☐ DRIVER'S LICENSE ☐ INTERNATIONAL PASSPORT ☐ PERMANENT VOTERS' CARD ☐ OTHERS
 IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE ID EXPIRY DATE

BANK VERIFICATION NO

OCCUPATION STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 CITY/TOWN LOCAL GOVT. AREA
 STATE, COUNTRY

MOBILE NUMBER (1) MOBILE NUMBER (2)
 COUNTRY CODENUMBER COUNTRY CODENUMBER

E-MAIL ADDRESS

3 TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER ☐ M ☐ F

NATIONALITY PLACE OF BIRTH

DO YOU HAVE DUAL CITIZENSHIP? ☐ YES ☐ NO IF YES, PLEASE STATE SECOND NATIONALITY

RESIDENCY STATUS ☐ PERMANENT ☐ TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE PERMIT EXPIRY DATE

ID TYPE ☐ NATIONAL ID ☐ DRIVER'S LICENSE ☐ INTERNATIONAL PASSPORT ☐ PERMANENT VOTERS' CARD ☐ OTHERS
 IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE ID EXPIRY DATE

BANK VERIFICATION NO

OCCUPATION STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 CITY/TOWN LOCAL GOVT. AREA
 STATE, COUNTRY

MOBILE NUMBER (1) MOBILE NUMBER (2)
 COUNTRY CODENUMBER COUNTRY CODENUMBER

E-MAIL ADDRESS

6B. DETAILS OF NEXT KIN (SOLE - PROPRIETOR)

TITLE FIRST NAME

SURNAME OTHER NAME

DATE OF BIRTH GENDER ☐ M ☐ F

MOTHER'S MAIDEN NAME

RELATIONSHIP

MOBILE PHONE NUMBER EMAIL ADDRESS
 COUNTRY CODENUMBER

CONTACT ADDRESS

HOUSE NUMBER								STREET NAME							
CITY/TOWN								LOCAL GOVT. AREA							
STATE, COUNTRY															

7. ADDITIONAL DETAILS

NAME OF AFFILIATED COMPANY/BODY	1	
	2	
	3	
PARENT COMPANY'S COUNTRY OF INCORPORATION		
BUSINESS ADDRESS OF PARENT/ AFFILIATE COMPANY		

8. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS (ACTIVE/DORMANT)
1.				
2.				
3.				
4.				

9A. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS AND FINANCIALLY EXPOSED PERSONS

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS POLITICALLY EXPOSED? ☐ YES ☐ NO

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS FINANCIALLY EXPOSED? ☐ YES ☐ NO

9B. RISK ASSESSMENT PROFILE

☐ HIGH RISK - CATEGORY A ☐ MEDIUM RISK - CATEGORY B ☐ LOW RISK - CATEGORY C

10. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

----- BANK PLC

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorise 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,

AUTHORISED
SIGNATURE OF THE
CUSTOMER /

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

DATE

D	D	M	M	Y	Y	Y	Y

AUTHORISED
SIGNATURE OF THE
CUSTOMER /

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

DATE

D	D	M	M	Y	Y	Y	Y

11. LETTER OF INDEMNITY

Financial Institutions are permitted to insert their terms to reflect unique business operations.

To Quest Merchant Bank Limited Gentlemen,

Please be informed that at the meeting of the above-named company held on _____ the following resolutions were passed:

1. That an account be opened in the name of the Company with Quest Merchant Bank Limited with the underlisted persons as signatories in line with mandate specified in the enclosed signature cards.

2. c.

3. d.

1. That Quest Merchant Bank Limited is hereby authorised to debit the above account with the usual banking charges, interest commissions, legal fees etc and we hereby acknowledge that any sum standing to the debit of the Investment Account shall be liable to interest charges at a rate fixed by Quest Merchant Bank Limited from time to time.

1. We hereby agree that in addition to any general lien to which you may be entitled you may at any time and without notice to us combine or consolidate all or any of the Company's account with you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credits, be it cash, cheques, valuables, deposit, securities, negotiable instruments or other assets belonging to the company with you in or towards the satisfaction of any of the company's liabilities to you on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

1. That Quest Merchant Bank Limited is hereby authorised to honour all cheques, bills, promissory notes, acceptances, receipts, releases, guarantees or indemnities and generally accept all instructions provided same are executed by the above named signatories. INDEMNITY FOR HONOURING FUNDS TRANSFER INSTRUCTIONS AND FOR ACCEPTING THIRD PARTY CHEQUES.

1. We are fully aware that funds transfer instructions in respect of this account shall be by our letter duly signed according to mandate and we hereby acknowledge that the used of facsimile, untested telexes, photocopied letter issued according to our mandate and unaccompanied by original letter from us that will lead to the debit or credit, as the case may be, of our account is associated with additional risks and fraud exposure.

1. In consideration of Quest Merchant Bank Limited agreeing to accept and act upon any such instructions, communication and documents by facsimiles, untested telexes, electronic mails or photocopied issued according to our mandate and unaccompanied by original copy of our duly signed letter, we hereby irrevocably undertake to indemnify Quest Merchant Bank Limited and hold it harmless from and against all costs. (including but without limitation to) legal fees and expenses, claims, losses, liabilities, damages and proceedings whatsoever that Quest Merchant Bank Limited may suffer or incur or that may arise as a result of Quest Merchant Bank Limited's accepting or acting upon such instructions, communications or documents.

1. Furthermore, we hereby irrevocably release Quest Merchant Bank Limited from all liability, loss and damages in the event that any untested telex or facsimile transmission, electronic mail for photocopied letter is not received or is mutilated, illegible or interrupted, duplicated, incomplete, unauthorized or delayed for any reason, or in the event that termination of the investment with Quest Merchant Bank Limited is duly made by us in accordance with the mandate but contrary to any law or regulation presently in force.

1. Quest Merchant Bank Limited shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, untested telex, electronic mails or photocopied letters unaccompanied by a duly signed original copy of a letter issued by us/or to request verification of documents received by such means.

1. Also in consideration of Quest Merchant Bank Limited issuing or accepting third party cheques and/or drafts from time to time, at our request, we hereby irrevocably undertake that we shall fully indemnify Quest Merchant Bank Limited against all losses, expenses, cost, damages or otherwise, that may occur as a result of the issuance or acceptance of the said third party cheques and /or drafts provided that Quest Merchant Bank Limited is under no obligation to accept third party cheques and/or draft and may at its absolute discretion refuse to accept third party cheques and/or drafts.

10. In consideration of your redeeming our investment in your Promissory Note/Treasury Bill Certificate to be issued from time to time, in the event of our damage or otherwise loss of the Note(s) Certificate(s) evidencing such investment, we hereby undertake to hold you harmless and keep you indemnified from all losses, cost or damages you may sustain, or be put to by reason of your paying on the said Promissory Note/Treasury Bill Certificate, or by reason of the said original Note or Certificate being at any time found or presented for payment and against all claims and demands which may be made in respect thereof.

We undertake further to return to you the original Note or Certificate should it be found by us or again come into our possession at anytime thereafter.

We fully understand and agree that Quest Merchant Bank Limited shall not be liable for any loss or damages sustained by us by reason of the operation of the account provided such loss or damages was nots caused or facilitated by Quest Merchant Bank Limited or any of its staff acting on its behalf.

DATE

D	D	M	M	Y	Y	Y	Y

SIGNATURE OF CUSTOMER

DIRECTOR'S NAME IN FULL

DIRECTOR'S SIGNATURE

DATE

DIRECTOR OR SECRETARY'S
NAME IN FULL

DIRECTOR OR SECRETARY'S
SIGNATURE

COMPANY SEAL

.If the account is to be operated by a Sole Signatory, the above Resolutions MUST be signed by at least ONE OTHER DIRECTOR apart from the person appointed as Sole Signatory.

12. ACCOUNT OPENING MANDATE

CUSTOMER KYC (ACCOUNT) CATEGORY (PLEASE TICK AS APPROPRIATE)

☐ JOINT ACCOUNT ☐ FIXED INVESTMENT ACCOUNT ☐ OTHER TYPES OF ACCOUNT

ACCOUNT TYPE ☐ CURRENT ACCOUNT ☐ FIXED DEPOSIT ACCOUNT ☐ SAVINGS ACCOUNT ☐ DOMICILIARY ACCOUNT

\$ € ¥ £ Others

ACCOUNT NAME

ACCOUNT NUMBER

MANDATE AUTHORISATION / COMBINATION RULE (PLEASE TICK AS APPROPRIATE) ☐ SOLE SIGNATORY ☐ TWO OR MORE IF TWO OR MORE ARE TO SIGN, PLEASE SPECIFY

SIGNATORIES

1	TITLE		NAME		PHOTO																
	SURNAME																				
	FIRST NAME																				
	OTHER NAME																				
	CLASS OF SIGNATORY																				
	IDENTIFICATION TYPE																				
	IDENTIFICATION NO.																				
	TELEPHONE NUMBER																				
	SIGNATURE			DATE	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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FOR BANK USE ONLY																					
NAME		SIGNATURE																			

FOR BANK USE ONLY					
NAME		SIGNATURE			

2	TITLE		NAME		PHOTO																
	SURNAME																				
	FIRST NAME																				
	OTHER NAME																				
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D	D	M	M	Y	Y	Y	Y														
FOR BANK USE ONLY																					
NAME		SIGNATURE																			

FOR BANK USE ONLY					
NAME		SIGNATURE			

NOTE: Two mandate cards must be filled by each applicant
Financial Institutions can provide more space if the number of Signatories is more than spaces provided.

as a consequence of Quest Merchant Bank Limited's action(s) in such circumstances. "Quest Merchant Bank Limited views seriously incidence of dud cheque issuance. To this end, we expect Quest Merchant Bank Limited customers to take steps to avoid issuance of same. Quest Merchant Bank Limited shall report incidence of dud cheques to appropriate authorities for their further action.

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1. If a breach 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 in line with extant laws.
2. IT IS HEREBY AGREED AS FOLLOWS;

a. I/We hereby authorise Quest Merchant Bank Limited to initiate, roll over or reinvest our investment in Commercial Paper Note(s) hereafter referred to as "Instrument (s)" issued by various registered companies in Nigeria and the authority herein given shall extend to Quest Merchant Bank Limited as its sole discretion moving my/our said investment from one particular instrument to another in good faith and as demanded by commercial expediency.

b. I/We hereby authorise Quest Merchant Bank Limited to maintain safe custody of the instrument (s) on its behalf for the tenor of the investment.

c. Quest Merchant Bank Limited's role is limited to the custody of the instrument(s). It does not imply or include recourse for the value or worth of the investment.

I hereby agree with the above Terms & Conditions

JOINT ACCOUNT HOLDERS

I/We agree that the responsibility for the repayment of the value of the investment shall be that of the issuers of the instrument(s).

In the event of loss or destruction of the instrument(s) whether or not due to lack of diligence or care on the part of Quest Merchant Bank Limited, the issuer(s) of the instrument(s) will repay me/us the value of the instrument upon proper identification or evidence of title to the instrument(s).

I/We agree and understand that the commitment of Quest Merchant Bank Limited to maintain custody of the instrument(s) is limited to the forgoing conditions only and no further commitments is intended, whether express or implied.

1. That the above resolutions/mandate shall remain valid and in force until rescinded by notice in writing under my/our hand.
2. DATA
3. I/We agree that QMB may use the information disclosed in connection or as a result of operating the Account {"Data"} for assessment and analysis and to identify products and services (including those supplied by third parties) which may be relevant to us. We may disclose data:

a) To credit reference agencies, any person who may assume our rights

b) If we have a right or duty to disclose or are compelled to do so by law.
- b. I/We consent to the processing of personal data in line with Quest Data Privacy Policy (<https://quest.com/quicklinks/policies/privacy-policy/>).

under this Agreement, a member of Quest Merchant Bank

NAME	TELEPHONE	EMAIL ADDRESS	SIGNATURE

DATE

D

D

M

M

Y

Y

Y

Y

SIGNATURE (S) OF CUSTOMER(S)

NAME(S) IN FULL

FOR INTERNAL USE

1. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
A.	DULY COMPLETED AND SIGNED ACCOUNT OPENING FORM (ALL RELEVANT FIELDS MUST BE COMPLETED)				
A.	DULY COMPLETED AND SIGNED SPECIMEN SIGNATURE CARD(S), (WHERE REQUIRED)				
C.	BOARD OR PARTNERSHIP RESOLUTION / MANDATE LETTER / APPROVAL LETTER (FOR PUBLIC SECTOR ORGANISATIONS)				
D.	TWO (2) CLEAR PASSPORT-SIZE PHOTOGRAPHS OF EACH SIGNATORY, WITH NAMES WRITTEN ON THE REVERSE SIDE				
A.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE CERTIFICATE OF REGISTRATION				
(PARTNERSHIP	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE PARTNERSHIP DEED				
A.	CONSTITUTION), THE CLUB, SOCIETY, ASSOCIATION OR CHARITY'S CONSTITUTION OR ITS EQUIVALENT				
B.	THE COPY OF THE ENABLING ACT/DECREE (WHERE APPLICABLE)				
H.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE REGULATORY OR SUPERVISORY LICENSE TO OPERATE, IF ANY				
I.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE MEMORANDUM & ARTICLES OF ASSOCIATION (MEMART) OR ITS EQUIVALENT				
A.	THE CTC OF THE PARTICULARS OF SHAREHOLDERS OR ITS EQUIVALENT				
K.	THE CTC OF THE PARTICULARS OF DIRECTORS OR ITS EQUIVALENT				

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
L.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE PROOF OF REGISTERED ADDRESS OF THE COMPANY				
M.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE MEANS OF IDENTITY AND PROOF OF ADDRESS OF ALL SIGNATORIES TO THE ACCOUNT, AT LEAST TWO (2) DIRECTORS AND EACH INDIVIDUAL SHAREHOLDER WITH AT LEAST 5% INTEREST, OR PARTNER (AS APPLICABLE)				
N	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE INCORPORATION DOCUMENTS OF CORPORATE SHAREHOLDERS WITH AT LEAST 5% INTEREST				
.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE VALID RESIDENCE PERMIT OF A RESIDENT NON-NIGERIAN SIGNATORY, DIRECTOR AND/OR SHAREHOLDER WITH AT LEAST 5% INTEREST				
O	TWO INDEPENDENT AND SATISFACTORY REFERENCES				
Q.	SEARCH REPORT (WHERE APPLICABLE)				
R	POWER OF ATTORNEY				
.	THE SIGHTED, NOTARISED OR CERTIFIED COPY OF THE CERTIFICATE ISSUED BY THE SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML)				
S	TAX IDENTIFICATION NUMBER (TIN), IF ANY				
U.	DULY COMPLETED KYC/AML QUESTIONNAIRE ON THE BANK'S LETTERHEAD				
V.	EVIDENCE OF REGISTRATION WITH NIGERIAN INVESTMENT PROMOTION COUNCIL				
W.	LATEST ANNUAL ACCOUNTS AND REPORT OF THE COMPANY, IF ANY				

A. ACCOUNT

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	
COMMENTS(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	

REFERENCE FORM



The Manager

Quest Merchant Bank Limited 2
Broad Street, Lagos Island, Lagos,
Nigeria

CONFIDENTIAL

DATE

D	D	M	M	Y	Y	Y	Y

Dear Sir,

Name(s) of Prospective New Customer(s) _____

I/We understand that the above named person(s) has/have applied to open an Investment Account with you.

I/We have known the above named company for

and I/We comment on its reputation _____

CAUTION! IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

I/We also confirm that the applicant is a person / are persons to whom the usual banking facilities may be extended. I/We maintain current account(s) with

Referee's Name (Coy.) _____

Name of Bank/Branch _____

and the account number(s) is/are _____

We authorise you to contact the above named bankers for the purpose of verifying our standing and the status of our account with them. _____

Yours faithfully,

Name (in block letters)

REFERENCE FORM



The Manager

Quest Merchant Bank Limited 2
Broad Street, Lagos Island, Lagos,
Nigeria

CONFIDENTIAL

DATE

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