

WHOLESALE BANKING ACCOUNT OPENING FORM

Please fill in the form	m in BLOCK letters approp	riately. Please	e note tha	at all field	ls are man	datory.														
New Custo	omer		Existing	Custom	er			Resid	ent				Non-F	Residen	t					
Branch			Date	D D	м м	Y Y	Y				CIF									
Section A -	- CUSTOMER INF	ORMAT	ION																	
ENTITY DET	AILS																			
Entity Name							Т	rading /	AS											
Parent / Holding En Name	tity						С	ompan	y Reg N	10 [
Date of Incorporati	on	D M M	Y Y	Y		Country of Incorporation														
Date of Business Co	ommencement	D M M	Y Y	Y			Es	stimate	d Annı	ıal Turn	over	С	C	Υ						
Source of Funds																				
ENTITY TYPE																				
Public Con	npany		Stat	utory	Corpo	ration					Partne	ershi	ps							
Sole Propr	rietorship		Trus	t							Assoc	iatio	n							
Society					_															
INDUSTRY SE	ECTOR																			
Agriculture	e & Agro-Processing	Fores	stry				Fish	ing						Huntir	ıg					
Livestock 8	& Poultry	Minin	g & Quarı	rying			Ener	gy & Oi	il			Electricity & Water								
Public Sect	or	Comr	munity Se	ervices			Bank	Financ	cial Ins	titution	S		Non B	ank Fin	iancia	al Insti	tution	S		
Non Profit	Organization	Const	truction				Real	Estate					Manufacturing							
Business &	Commercial Services	Telec	ommunio	cation			Tran	sport 8	Stora	ge			Trade (Import & Export)							
Retail, Who	olesaling & Distribution	Chem	nical & Pha	armaceut	tical		Tour	ism, Re	estaura	nt & Ho	otels			Pensio	on Fund	ds				
Insurance		Insura	ance				Othe	er (spec	ify)											
Tax Exempted	Υ	N Tax Id	lentificati	ion No.			1 2	3 4	5	6 7	8 9	10								
NATURE OF E	BUSINESS (PRODU	ICT/SERV	ICE)																	
Nature of Busines	ss		Descript	ion																
	pose of the business											_								
relationship ENTITY CON	TACT DETAILS																			
Business Tel No	9 9 9 - Country Code Area Co	9 F a	ax No	9	9 try Code	9	- Area Co	9	9	9 Phone	9 Number	9	9	9						
Website	Mred COI	de Ph	E	-mail	Coun	ary Code		a ca U	Jac	(a a	- variiber								

Trading Address	Plot No.		Street / Ward N	lame		City/Tow	n/ Villag	e		Postal Address	Postal C	ode				Suburb/	'City/Vill	age						
District										Country														
OFFICERS C	ONTACT	DETA	ILS																					
CONTACT 1																								
First Name								Last N	Name										Title					
Birth Date	D D	М	М	Y Y	Y	Y				ID/Passport	No													
Designation											Mobile	No.												
Office No.										E-m	ail Add	dress												
CONTACT 2]						
First Name	D D	М	м	Y Y	Y	Y	ı	Last N	ame										Title		1			
Birth Date										ID/Passpo	rt No													
Designation											Mobi	le No.												
Office No.						E-mail Address or partnership)																		
CONTROLLER	R S (Directo	rs, Tru	ıstees, E>	co for	socie	ty, Co	ntrol	lers f	or pai	tnership)														
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DIRECTORS	/ TRUSTE	ES / E	XECUT	IVE C	ОММ	ITTE	E OF	SOC	IETI	ES / ASSC	CIA	TION	DET	AILS										
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Mobile Conta	oct			Т						Mail		Plot	No.				City/	Town/ Vi	llage					
Number Physical									Address															
Address												C	County (Code										

2															
First Name			Last Name				Title								
Gender Male	Female	Place of Birth			Birth Date	D D	ММ	Y Y Y							
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Physical Plot No. Address	Street / Ward Name	City/Town/ Village		Cou	ıntry Code										
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First Name			Last Name				Title								
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Mobile Contact Number	Mailing Address
Physical Address	Country Code
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First Name Last Name	Title
Gender Male Female Place of Birth	Birth Date D M M Y Y Y Y
Identity Document No.	ID Issue Country
Passport Number	Passport Issue Country
ID / Passport Expiry Date	Nationality
Occupation	Landline Telephone Number
Mobile Contact Number	Mailing Postal Code City/Town/Village Address
Plot No. Street / Ward Name City/Town/ Village	Country Code
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3	
First Name Last Name	Title
Gender Male Female Place of Birth	Birth Date
Identity Document No.	ID Issue Country
Passport Number	Passport Issue Country
ID / Passport Expiry Date	Nationality
Occupation	Landline Telephone Number
Mobile Contact Number	Mailing Postal Code City/Town/Village Address
Physical Address Plot No. Street / Ward Name City/Town/ Village	Country Code
4	
First Name Last Name	Title
Gender Male Female Place of Birth	Birth Date
Identity Document No.	ID Issue Country
Passport Number	Passport Issue Country
ID / Passport Expiry Date	Nationality
Occupation	Landline Telephone Number
Mobile Contact Number	Mailing Postal Code City/Town/ Village Address
Physical Plot No. Street / Ward Name City/Town/ Village Address	Country Code
POWER OF ATTORNEY GRANTED	
Title Mr Mrs Miss Ms	Prof Dr Other
Full Names	Designation
ID/Passport No	Mailing Address
Physical Address	Work No.

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a) Is the entit	y incorporated	d/Registe	red in tl	he US?	•														,	Yes] 	No	L	닉		
b) Are any of	the Sharehold	ers/Signa	itories o	or Direc	ctors L	JS pei	rsons/	'Resid	lent/P	Perma	nent	Resid	dent?						,	Yes	<u></u>	_	No	L	닉		
c) Are any of	the shareholde	ers/Signa	tories o	or direc	ors usi	ing US	S resid	dentia	I/Maili	ing ac	dres	s?							,	Yes	느	_	No	Ļ	닉		
d) Is the Clier	nt or sharehold	lers/signa	itories o	or direc	ctors u	ising l	JS tele	∍phon	ie nun	nber?										Yes		_	No	Ļ	\dashv		
e) Will the clie	ent be receivin	g any inco	ome fro	m the l	US?															Yes		_	No	Ļ	_		
f) Is the clien	t a tax exempt	non -US	person	non-in	ndividu	ıal ent	tity													Yes		_	No	Ļ	_		
	nt ,an entity, ar US person?	n interme	diary, a	foreigr	n partn	nershi	p, a fo	reign	simpl	e trus	st, or	a fore	eign granto	r tru	ıst cla	ims t	0			Yes			No	L			

DECLARATION AND ACCEPTANCE

I/We understand that Access Bank shall use the information provided above solely for evaluation purposes and that it is correct. We shall be ready to provide any additional information if and when required.

- a) warrant that information furnished is true and correct and undertake to inform Access Bank of any changes thereto as well as any facts or circumstances in future that may impact my legal status as a client of Access Bank;
- b) indemnity Access Bank against any liability for any loss or damage suffered by me/us as a result of inaccurate or incomplete information contained herein:
- c) agree to the terms and conditions governing the account and agree to abide by them and such other rules which may come into force from time to time
- d) authorise the Bank to make any independent information verification and generally make whatever enquiries it deems necessary from any source whatsoever and may supply information regarding my facility and my compliance to otherwise with the terms and conditions of Access Bank, to other banks or any Credit Bureau, subject to any applicable legislation, Code of Conduct or Practise;
- e) understand that in the event of any information providing to be inaccurate, the bank reserves the right to decline this application without disclosing the reasons thereof. I/We agree that the Bank reserves the right to close my/our account compulsorily without warning if it is conducted unsatisfactorily
- f) authorise Access Bank to share my information with Regulatory authorities (Local & International such as IRS) for purposes of meeting the bank regulatory obligations.

Director/Secretary/ Authorised Official															Date		D	D	М	М		Υ	Υ	Υ	Υ	
Signature															Plac	се										
Full Name]							a	J.	vI	J.		
Director/Secretary/ Authorised Official Signature															Dat Plac			٦	M	Iv		Ť	Ť	Ť	Ť	
Full Name																										
FOR OFFICIAL USE ONL	Y																									
Business MIS Code		1	2	3	4	5	6	7	8	9			tomer ment	Cat	ergory/	ſ										
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Authorised by Bank employee/Agent							Fu	ll Nam	е																	
Reference Number (if applicable)						Date		D	D	Μ	l l	М	Υ	Υ	Υ	Υ					Sign	nature	Э			
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