

NOTE: send your form after filling to support@amjuuniquembng.com

CORPORATE ACCOUNT OPENING FORM

ACCOUNT NUMBER

DATE ACCOUNT OPENED

TYPE OF BUSINESS: LTD LIABILITY ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ COOPERATIVE ☐ SCHOOL ☐ CHURCH ☐ OTHERS ☐

CURRENT ☐ AMJUFLEX ☐ OTHERS ☐

Corporate Bodies

2 Passport photograph of each signatory 2. Valid means of identification (for each signatory) 3. Certificate of Incorporation 4. Form C07-Particulars of Directors & form co2
5 Certified true copy of Memorandum and Article of Association 6. Board Resolution (Executed on company letterhead under seal) 7. Two duly completed Reference Forms,
Application letter (Executed letter head)

Unincorporated Bodies (i.e. Societies, Clubs, Associations, Sola Proprietorship, Enterprises, Partnership, etc.)

2 Passport photograph of each signatory 2. Valid means of identification (for each signatory) 3. Certificate of Registration of Association or Business Name
4. Copy of rules/constitution 5. Society, Club, Association, Partnership Resolution 6. Two duly completed Reference Forms 7. Partnership Agreement/Deed

CUSTOMER INFORMATION

Company Name

Registration Number Registration Date

Registered Address

OPERATING ADDRESS:

Mailing Address

Email Address Phone Number Office Number

Tax Identification Number CRM No.1 Borrower's Code

Special Control Unit Against Money Laundering Reg. No.

Financial Year End Paid Up Capital

Authorized Capital Last Financial Year

Annual Turnover: ☐ Less Than 10m ☐ 10-50m ☐ Above 50m but less than 100m ☐ 100m and above

COMPANY'S MANAGEMENT STRUCTURE

Name	Title
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

OFFICE PREMISES STATUS: Fully Owned ☐ Mortgaged ☐ Rent ☐ Others

Mandate:

AUTHORISED SIGNATORIES

Authorised Signatory Details

Surname First Name Other Name

Gender: M ☐ F ☐ Date of Birth

Mother's Maiden Name

Nationality Means of ID

Date of Issue Expiry Date

Resident Permit No/Issue Date for Non-Nigerians

BVN Tax Identification No NIN

Occupation Job Title/Station

Residential Address

Nearest Landmark

Telephone No(1) (2)

E-mail Address

Class of Signatory: Signature

Affix
Passport
Photograph
here

Authorised Signatory Details

Surname	<input type="text"/>	First Name	<input type="text"/>	Other Name	<input type="text"/>
Gender: M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>
Mother's Maiden Name	<input type="text"/>				
Nationality	<input type="text"/>	Means of ID	<input type="text"/>		
Date of Issue	<input type="text"/>	Expiry Date	<input type="text"/>		
Resident Permit No/Issue Date for Non-Nigerians <input type="text"/>					
BVN	<input type="text"/>	Tax Identification No	<input type="text"/>	NIN	<input type="text"/>
Occupation	<input type="text"/>	Job Title/Station	<input type="text"/>		
Residential Address	<input type="text"/>				
<input type="text"/>					
Nearest Landmark	<input type="text"/>				
Telephone No(1)	<input type="text"/>	(2)	<input type="text"/>		
E-mail Address	<input type="text"/>				
Class of Signatory:	<input type="text"/>	Signature	<input type="text"/>		

**Affix
Passport
Photograph
here****DETAILS OF DIRECTORS/EXECUTIVES/TRUSTEES ETC**

Surname	<input type="text"/>	First Name	<input type="text"/>	Other Name	<input type="text"/>
Gender: M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>
Mother's Maiden Name	<input type="text"/>				
Nationality	<input type="text"/>	Means of ID	<input type="text"/>		
Date of Issue	<input type="text"/>	Expiry Date	<input type="text"/>		
Resident Permit No/Issue Date for Non-Nigerians <input type="text"/>					
BVN	<input type="text"/>	Tax Identification No	<input type="text"/>	NIN	<input type="text"/>
Occupation	<input type="text"/>	Job Title/Station	<input type="text"/>		
Residential Address	<input type="text"/>				
<input type="text"/>					
Nearest Landmark	<input type="text"/>				
Telephone No(1)	<input type="text"/>	(2)	<input type="text"/>		
E-mail Address	<input type="text"/>				
Percentage Of Ownership:	<input type="text"/>	%	Signature	<input type="text"/>	

**Affix
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Photograph
here****DETAILS OF DIRECTORS/EXECUTIVES/TRUSTEES ETC**

Surname	<input type="text"/>	First Name	<input type="text"/>	Other Name	<input type="text"/>
Gender: M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>
Mother's Maiden Name	<input type="text"/>				
Nationality	<input type="text"/>	Means of ID	<input type="text"/>		
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Occupation	<input type="text"/>	Job Title/Station	<input type="text"/>		
Residential Address	<input type="text"/>				
<input type="text"/>					
Nearest Landmark	<input type="text"/>				
Telephone No(1)	<input type="text"/>	(2)	<input type="text"/>		
E-mail Address	<input type="text"/>				
Percentage Of Ownership:	<input type="text"/>	%	Signature	<input type="text"/>	

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DETAILS OF DIRECTORS/EXECUTIVES/TRUSTEES ETC

Surname	<input type="text"/>	First Name	<input type="text"/>	Other Name	<input type="text"/>
Gender: M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother's Maiden Name	<input type="text"/>				
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Telephone No(1)	<input type="text"/>	(2)	<input type="text"/>		
E-mail Address	<input type="text"/>				
Percentage Of Ownership:	<input type="text"/>	%	Signature	<input type="text"/>	

**Affix
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here****DETAILS OF A SOLE PROPRIETOR**

Surname	<input type="text"/>	First Name	<input type="text"/>	Other Name	<input type="text"/>
Gender: M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother's Maiden Name	<input type="text"/>				
Nationality	<input type="text"/>	Means of ID	<input type="text"/>		
Date of Issue	<input type="text"/>	Expiry Date	<input type="text"/>		
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Occupation	<input type="text"/>	Job Title/Station	<input type="text"/>		
Residential Address	<input type="text"/>				
<input type="text"/>					
Nearest Landmark	<input type="text"/>				
Telephone No(1)	<input type="text"/>	(2)	<input type="text"/>		
E-mail Address	<input type="text"/>				
Class of Signatory:	<input type="text"/>	Signature	<input type="text"/>		

**Affix
Passport
Photograph
here****Details Of Next Of Kin**

Surname	<input type="text"/>	First Name	<input type="text"/>	Other Name	<input type="text"/>
Gender: M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother's Maiden Name	<input type="text"/>				
Nationality	<input type="text"/>	Means of ID	<input type="text"/>		
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Occupation	<input type="text"/>	Job Title/Station	<input type="text"/>		
Residential Address	<input type="text"/>				
<input type="text"/>					
Nearest Landmark	<input type="text"/>				
Telephone No(1)	<input type="text"/>	(2)	<input type="text"/>		
E-mail Address	<input type="text"/>				

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ELECTRONIC BANKING SERVICES (PLEASE TICK THE ADDITIONAL SERVICES REQUIRED BY YOU)

SMS ☐ E-mail ☐ Cheque Lodgement Outgoing ☐ Cleared Cheques ☐ Internet Banking ☐Cheque Lodgement Incoming ☐ Withdrawals from Current/Saving Account ☐

CHEQUE CONFIRMATION POLICY (Kindly choose option A, B, or C and sign below)

A ☐ Confirm all cheques from N100,000 (One hundred thousand naira) and above before payment in line with AMJU Unique Microfinance Bank Ltd Confirmation policy. This policy has been adopted to safeguard your account from fraudulent practices. If you are in agreement, kindly tick this option and sign belowB ☐ Confirm all cheques from N and above (If not in agreement with amount stated in option A, tick B and sign below)C Tick the means of confirmation required by you: Confirmation Letter ☐ Reverse side of cheque ☐ Email ☐

ADDITIONAL DETAILS:

Name of Affiliated Company

1.
2.
3.

Parent/Holding Company (If any)

DETAILS OF ACCOUNTS HELD WITH OTHER BANKS

S/N	ACCOUNT NAME	NAME OF BANK BRANCH	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT

INDEMNITY: I hereby instruct AMJU Unique Microfinance Bank Ltd to pay all instrument duly authorized by me without further confirmation

Director's Name in Full

Director/Secretary's Name in Full

Director's Signature

Director/Secretary Signature

Please note that it is extremely important that confirmation should be done in advance

AUTHORIZATION

I/we hereby confirm that the information provided are true and request AMJU Unique Microfinance Bank Ltd to open an account, as ticked above, for me/us and also agree to be bound by the term and conditions of opening a corporate account in AMJU Unique Microfinance Bank Ltd. I/we also Authorize AMJU Unique Microfinance Bank Ltd to debit my/our account for the sum N

Being the cost of search conducted by you on my/our company and N being the cost of leaves of Cheque book.

RIGHT OF SET OFF

I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law you may at any time and without notice to me/us combine or consolidate all or any of my/our accounts without any liabilities to you and set off or transfer any sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheque, valuables, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction or my/our liabilities to you or any other accounts or in any other respect whether such liabilities be actual, contingent, primary, collateral several or joint.

INDEMNITY

I/we hereby agree to indemnify AMJU Unique Microfinance Bank Ltd in full against any action, claim, proceeding or damages arising from this account or, representations made by us in respect of this account or for whatsoever in connection with this account. I/we further confirm that all our dealings in respect of this accounts shall not be contrary to any subsisting law or regulation in force whether Nigeria or any other Country from time to time.

Authorized Signatory

Signatory (Over Stamp) & Date

Name

Address

Authorized co-signatory (in case of joint account opening)

Signature (Over Stamp) & Date

Name

Address

FOR BANK USE ONLY

Account Introducer

Account Officer

Account Opened By

Verified By