

ACCOUNT OPENING FORM - ENTITIES

Form B (Corporate)

Category of Business
(Tick as appropriate)

Limited Liability Company Others: _____
(Please specify)

Account Type
(Tick as appropriate)

Current Deposit Domiciliary Account \$ € ¥ £ Others
(Please specify)

This form should be completed in CAPITAL LETTERS.
Characters and marks should be similar in style to the following: A B C

Branch: _____

ACCOUNT NUMBER (for Official Use Only)

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Company Details (Please complete in BLOCK LETTERS and tick where necessary)

Company Name: _____

Certificate of Incorporation Number: _____

Date of Incorporation: Day Month Year Jurisdiction of Incorporation: _____

Type/Nature of Business: _____

Sector/Industry: _____

Operating Business Address 1: _____

Operating Business Address 2: _____

Registered Address:
(If different from above) _____

Local Govt/ Area: _____

State: _____

Nigerian Export Promotion Council (NEPC) No. (if applicable) _____

Email Address: _____

Website (if any): _____

Mobile Number: _____ Phone Number: _____

Tax Identification Number (TIN): _____ CRM No/Borrower's code: _____
(where applicable)

Special Control Unit against Money Laundering (SCUML) Reg. No:
(where applicable) _____

Estimate Annual Turnover

a) Less than N50 Million N50 Million - Less than N500 Million N500 Million - Less than N5 Billion Above N5 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: _____

Account Service(s) Required (Please tick applicable option below)

Corporate Internet Banking Preference

*GAPS - Lite

**GAPS

E-mail Statement Naira Debit Card Dollar Debit Card Dollar Credit Card

E-mail Alert SMS Alert (Charges apply) Mobile Money Token (Charges apply)

- Kindly note that your account will be debited with a fee as cost for your Card(s) once the account is opened.
- Checked e-banking services are available when the account is opened (3rd party transfers on e-channel will require a token)

Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition (Fees Apply): Crossed Cheque 50 Leaves 100 Leaves 200 Leaves

* Omoluabi Mortgage Bank Plc Automated Payment System is a secure web-based services that provides a sole signatory with 24/7 online real time access to the corporate account and other financial services, using secured connections over the internet.

** Omoluabi Mortgage Bank Plc Automated Payment System is a secure web-based services that facilitates the processing of Vendor, Supplier payment, using secured connections over the internet.

Cheque Confirmation

Cheque Confirmation: Will you like to pre-confirm your cheques? Yes No

Cheque Confirmation Threshold: (if the answer to the above is yes, please note that the minimum confirmation threshold is currently N500,000.00)

If you would like to have a higher threshold for pre-confirmation, please specify the amount:
(In line with extant law and existing regulation)

(N)

Key Contact Person(s)

1. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:
2. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:
3. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:

Details of Account Signatory 1:

Title: Surname

First Name:

Other Name(s):

Marital Status: Single Married Others: Gender: Male Female

Date of Birth: Place of Birth:

Mother's Maiden Name:

Name of Next of Kin:

L.G.A. of Origin: State of Origin:

Tax Identification No.: Religion:

Means of Identification: Identification Number:

ID Issue Date: ID Expiry Date:

Occupation: Status/Job Title:

Position/Office of the Signatory:

Nationality: Nigerian Others (Please specify) _____

Resident Permit No.:

Permit Issue Date: Permit Expiry Date:

Bank Verification ID No:

Residential Address:

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State:

Mailing Address:

Mobile No.: Mobile No.:

E-mail Address:

I hereby attest that the above information is true and complete

Signature: _____ Date:

Official use only
Verified by (Full name) _____

Signature: _____ Date:

