

5. KEY CONTACT PERSONS/PRINCIPAL OFFICERS DETAILS:

1. Surname

First Name Middle Name

Date of Birth

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

 Gender F M Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

2. Surname

First Name Middle Name

Date of Birth

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

 Gender F M Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

3. Surname

First Name Middle Name

Date of Birth

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

 Gender F M Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

4. Surname

First Name Middle Name

Date of Birth

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

 Gender F M Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

6. ACCOUNT SIGNATORY'S DETAILS

1. Surname

First Name Middle Name

Date of Birth

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

 Gender F M Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

Class of Signatory Signature _____ Date

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

(Please indicate class in the box provided)

2. Surname

First Name Middle Name

Date of Birth

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

 Gender F M Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

Class of Signatory Signature _____ Date

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

(Please indicate class in the box provided)

3. Surname

First Name Middle Name

Date of Birth

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

 Gender F M Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

Class of Signatory Signature _____ Date

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

(Please indicate class in the box provided)

7. DIRECTOR'S DETAILS

1. Surname

First Name Middle Name

Date of Birth

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

 Gender M F Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

Signature _____ Date

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

2. Surname

First Name Middle Name

Date of Birth

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

 Gender M F Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

Signature _____ Date

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

3. Surname

First Name Middle Name

Date of Birth

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

 Gender M F Mother's Maiden Name

Means Of Identification ID Number

Occupation

Job Title

Residential Address

Mobile Number E-mail

Signature _____ Date

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

8. FOR SOLE PROPRIETORSHIP

I. PERSONAL INFORMATION

Title Surname

First Name

Middle Name

Nick Name Gender F M

Marital Status (Please tick) Single Married Other (Please specify) Date of Birth

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

Mother's Maiden Name

Nationality (for non Nigerian) Resident Permit No.

State of Origin LGA

Tax Identification Number (TIN)

II. CONTACT DETAILS

Residential Address

Street Number Street Name

City/Town

Landmarks

Phone Number (1) Phone Number (2)

E-mail Address

III. MEANS OF IDENTIFICATION

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

ID No. ID Issue Date

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

 ID Expiry Date

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

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

IV. DETAILS OF NEXT OF KIN

Surname

Middle Name

First Name

Relationship Mobile Number

E-mail Address

Contact Details

Street Number Street Name

City/Town

Landmarks

V. DETAILS OF NEXT OF KIN

Surname

Middle Name

First Name

Relationship Mobile Number

E-mail Address

Contact Details

Street Number Street Name

City/Town

Nearest Bus Stop

9. ADDITIONAL DETAILS

I. Name of affiliated company/Body:

1.

2.

3.

II. PRINCIPAL SHAREHOLDERS (Shareholding of 5% and above)

a. Surname

Middle Name

First Name

Residential Address

Status Percentage holding

Mobile Number

E-mail Address

b. Surname

Middle Name

First Name

Residential Address

Status Percentage holding

Mobile Number

E-mail Address

c. Surname

Middle Name

First Name

Residential Address

Status Percentage holding

Mobile Number

E-mail Address

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

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

IV. DIRECTOR BANK ACCOUNT DETAILS

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

10. PARTICULAR OF REFEREES

1. Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address

2. Surname

Middle Name

First Name

Name of Bank/Branch

Banker's Address

11. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

.....Bank Plc
.....
.....

Dear Sir,

We hereby authorize you to debit our account with the sum of N..... being the legal cost of search conducted on our account at the Corporate Affairs Commission.
Thank you.

Yours faithfully,

12. LETTER OF SET-OFF

Miss/Mr/Mrs/Chief.....
.....

.....Bank Plc
.....
.....

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with all liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

13. ACCOUNT OPENING MANDATE

a. Type of Account (*Please tick as appropriate*) Current Savings Joint Domiciliary

b. Name of organization.....

c. Account No.

d. Signatories

i. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature & Date

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

ii. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature & Date

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

iii. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature & Date

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

iv. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature & Date

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

v. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature & Date

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

vi. Name: Surname First Name Middle Name

Identification Type:

Identification No:

Signature & Date

PHOTO

FOR BANK USE ONLY

Name of Officer Signature

14. TERMS AND CONDITION

TO: ASO SAVINGS AND LOANS PLC
I/We hereby request and authorize you/

At a meeting of the Board of Directors of the Company held pursuant to this application resolved:

1. To open an ASO.....account in our/my name and subsequently to open further accounts as I/We may direct.
2. To honour all cheques or other orders which may be drawn on the said account unless the Bank receives a written notice to the contrary; provided such withdrawal vouchers or other orders are signed by the authorized signatories to the account, and to debit such cheques or other orders to the said account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any draft or increase of overdraft and in consideration.

We agree:

- a. To assume full responsibility for the genuineness or correctness and validity of all endorsements appearing on all cheques, orders, bills notes, validity of all instrument, receipts and for other documents deposited in respect of our account with the Bank.
- b. To further confirm all cheques, orders, bills, notes equal to or exceeding N250,000.00 to our assigned account officer or other designated ASO Bank Staff. The Bank may not be bound to honour such instruments otherwise.

- c. To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for the conduct of receipts of which We hereby acknowledge; and be bound by the Bank due to any future Government order, Law, Levy, Tax, embargo, moratorium, exchange restrictions and/or all other causes beyond the Bank's control.
 - d. That all funds standing to our credit are payable on demand only in such local currency as may be in circulation.
 - e. To be bound by any notification of change in conditions governing that account directed to our last known address and any notices or later sent to our last address shall be considered as duly delivered and received by us at the time it would be delivered in the ordinary course of post.
 - f. That if a cheque credited to our account is returned dishonoured, the same may be transmitted to us through our last known address either by bearer or by post.
 - g. That our attention has been drawn to the necessity of safe guarding our withdrawal booklet so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to our account.
 - h. That the Bank is under no obligation to honour our cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said withdrawal. We understand and agree that such cheque may be returned to us unpaid, but if paid we agree to pay the Bank on demand.
 - i. That any sum standing to the debit of the account shall be liable to interest charges at the rate fixed by the Bank from time to time. The Bank is authorized to debit the account the usual banking charges, interest, commissions and any service charge set by the management from time to time.
 - j. That the Bank will not accept liability whatsoever for funds handed to members of staff outside banking hours or outside the Bank's premises, unless by specific agreement in writing with the Bank.
 - k. That any disagreement with entries on our Bank statement will be made known by us within fifteen days of forwarding the Bank statement via electronic mail. Failing receipt by the Bank of a notice of disagreement of the within fifteen days from the date of forwarding of our Bank statement, it will be deemed by the Bank that the statement as rendered is correct.
3. I/We also agree that the Bank may debit our account for charges or fees arising from legal documentation to regularize our account on complete opening formalities.
 4. I/We also agree that in addition to any general lien or similar rights to which you as bankers may be entitled by law you may at any time and without notices to us combine or consolidate all or any of our account with any liabilities to you and set or transfer any sum or sums standing to the due credit of anyone more of such accounts or any other credit, be it cash, cheque, valuables, deposit, securities, negotiable instruments or other account or in any other respect whether such liabilities be actual or contingent collateral and several or joint.

15. MANDATE & RESOLUTION

I/We hereby apply for the opening of any account or accounts withBank Plc. I/We understand that the information given herein is the basis for opening such account(s) and hereby warrant that such information is correct.

I/We agree to use the account for only transaction permitted by law and to be bound by the terms and conditions.

Authorized Signature of the Customer/Representative & Date

Authorized Signature of the Customer/Representative & Date

16. SIGNED, SEALED & DELIVERED BY THE WITHIN NAMED PERSON

Name

Status

Signature Date:

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

Name

Status

Signature Date:

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

Company Seal Here

17. IN THE PRESENCE OF

Name

Address

Occupation

Signature Date:

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

18. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Copy of certificate of incorporation				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (Certified as true copy by the Registrar of Company)				
6.	(a) Form C07 Particulars of Directors				
7.	(b) Form C02 Allotment of Shares				
8.	Partnership Deed				
9.	Approval Letter (for Government Agency)				
10.	Gazette (for Government Agency)				
11.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
12.	Introduction letter with two (2) passport sized Photographs of contact persons or authorized agent				
13.	Status report from Banker (where applicable)				
14.	Resident Permit (for non-Nigerians)				
15.	Evidence of Registration with NIPC				
16.	Search Report				
17.	Power of Attorney				
18.	Letter of Indemnity				
19.	Proof of Company address				
20.	Business Premises visitation certificate				
21.	Proof of Identity of all Signatories and Directors				
22.	Proof of address of all signatories and Directors: Utility bill, (Certified true copy is acceptable if original is not held)				
	Other (please specify)				

FOR BANK USE ONLY

A. ACCOUNT OPENED BY:

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

COMMENT(S):

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

D. ACCOUNT OPENING APPROVED BY:

Name

Signature Date:

D	D	M	M	Y	Y	Y	Y

Name

Signature Date:

D	D	M	M	Y	Y	Y	Y