

Corporate Account Form

Nature of Account: Incorporated Company Business Name/Enterprise/Sole Proprietorship Partnership Clubs and Associations
 Account Currency: Naira USD EUR GBP Others

Corporate Information

Corporate Name/Registered Name (In Full)
 Business Type Industry
 RC. Number Date of Incorporation/Registration Tax Identification Number
 VAT Number Annual Turnover

Registered Address

Building Name
 House Number
 Street Name
 Town
 City/State
 Telephone
 Email
 Web-Address
 Fax

Mailing/Contact Address

Building Name
 House Number
 Street Name
 Town
 City/State
 Telephone
 Email
 Web-Address
 P. O. Box

Management Team/Proprietor/Partners

Name:	Designation
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Previous and existing Relationship with the Bank and Other Banks:

Name & Address of Bank Branch	Account Name & Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signature & Date _____ Signature & Date _____

Non – Nigerians

Nationality <input type="text"/>	Date of Arrival in Nigeria	<input type="text"/>	Date of Departure	<input type="text"/>
Resident Permit Number <input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>
Passport Number <input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
Work Permit Numbers <input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
VISA Number <input type="text"/>	[Kindly attach copy of the Data Page of your Passport.]			

Board Resolution

At the meeting of the Board of Directors of _____ held on the _____ day of _____, 20____ at _____ the following resolutions were duly proposed and passed:

1. That the company should open a _____ banking account with Keystone Bank Limited as per the terms and conditions contained and as may from time to time be contained in the Bank's Account Opening Forms and policies for the said account
2. That in furtherance of the above, the following persons are hereby authorized to execute all relevant documents on behalf of the company, operate the account and serve as the signatories to the account as specified in the account opening mandate.

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

Directors

Signature & Date

Common seal

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Letter of Set-Off

We, the undersigned, hereby request you to open a _____ banking account in the name of _____
We understand that any sum standing to the credit of this _____ account shall bear interest as may be fixed by the bank. We further understand 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. You are authorized to debit our account with your usual banking charges, interests, commissions etc.

The company agrees 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 the Company combine or consolidate all or any of the Company's account with liabilities to you, and set off or transfer any sum or sums standing to the credit of anyone or more of such accounts or any credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to the Company with you in or towards satisfaction of any of the Company's liabilities to you or any other account or in any other respect whether such liabilities be actual or contingent, primary or secondary, and several or joint.

THE COMMON SEAL of the within named _____
Was hereunto affixed in the presence of:

_____ DIRECTOR _____ DIRECTOR / SECRETARY _____ SEAL

Mandate Instruction

Director		Signatory Information																				
Full Name											Title: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Chief <input type="checkbox"/>	Others <input type="checkbox"/>							
I.D Type	I.D Number	Issue Date				D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y
Date of Birth	Phone Number		E-mail																			
Address											Signature											

Director		Signatory Information																				
Full Name											Title: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Chief <input type="checkbox"/>	Others <input type="checkbox"/>							
I.D Type	I.D Number	Issue Date				D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y
Date of Birth	Phone Number		E-mail																			
Address											Signature											

Director		Signatory Information																				
Full Name											Title: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Chief <input type="checkbox"/>	Others <input type="checkbox"/>							
I.D Type	I.D Number	Issue Date				D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y
Date of Birth	Phone Number		E-mail																			
Address											Signature											

Director		Signatory Information																				
Full Name											Title: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Chief <input type="checkbox"/>	Others <input type="checkbox"/>							
I.D Type	I.D Number	Issue Date				D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y
Date of Birth	Phone Number		E-mail																			
Address											Signature											

Director		Signatory Information																				
Full Name											Title: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Chief <input type="checkbox"/>	Others <input type="checkbox"/>							
I.D Type	I.D Number	Issue Date				D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y
Date of Birth	Phone Number		E-mail																			
Address											Signature											

Account Mandate Instruction

Products & Services

Keystone Bank Limited offers the following **Products & Services** to enable you enjoy enhanced Banking service.

E-Banking Bouquet: POS Terminals Yes No SMS Alert: Yes No Provide GSM Number if you ticked Yes No

Statement Delivery: Electronic Statements (i.e. e-mail): Yes No Post (Post Office box): Yes No Pick Up at Branch: Yes No

If yes, please provide email address: _____

If yes, please provide Post Office Box Number and address: _____

If yes, please indicate your choice branch address: _____

Frequency: Monthly Quarterly: Mobile banking: Yes No Internet banking: Yes No

Preferred User ID: _____ Main Account No: _____ Linked Account No: _____

I hereby apply for Internet and Mobile banking service. I declare that the information given on this form is correct, where discrepancies are found I agree to have this service terminated and Keystone Bank Limited is hereby indemnified of all losses or liabilities occasioned by the discrepancies.

Signature SEAL Date

Indemnity For Deposit Made Over The Counter

All cash deposits must be made at the banking hall of any of the Bank's branches. Customers or their authorized agents must hand over their cash to the Bank's tellers and ensure that a deposit slip or receipt duly stamped and endorsed by the Bank's teller is collected.

The Bank will not be liable for any misappropriation or loss of funds resulting from Customers' deviation from this procedure. Customers requiring to make cash lodgments into their accounts from any location outside the bank's branches must make a formal written request to the Bank for this service and execute a Special Cash Lodgment Service Agreement containing terms and conditions by which parties would be bound. We have read the above Caveat and we agree to be bound by its terms.

Names _____ Signatures _____ Date:

Would you like to be contacted by the Bank to discuss any of these products? Yes No

CHEQUE CONFIRMATION

It is the policy of the Bank to confirm cheques of N200, 000 and above before payment. Customers are therefore required to confirm in writing to Keystone Bank Limited that all cheques of N200,000 and above is confirmed before such cheques are presented for payment over the counter and N500,000 and above via clearing.

If you are not in agreement with the Bank's Confirmation Policy, please indicate your preference: _____

Kindly Indicate preferred mode of confirmation:

Confirmation on reverse side of cheque leaf Confirmation letter duly signed by authorized signatory(ies) Others please specify

Would you like to be contacted by the Bank to discuss any of these products? Yes No Loans: Remittance Services: Term Deposits: Other Products:

E banking Terms & Conditions

TERMS & CONDITIONS FOR KEYSTONE BANK LTD INTERSWITCH VERVE DEBIT CARD

"Service" means Instant Cash.

"PIN" means your Personal Identification Number.

"Account" means any account maintained with the Bank at any of the Bank's branches in Nigeria.

"Mailing address" means the customer mailing address in the Bank's records.

"Instruction" means the customer requests to the Bank for the Service.

1. BENEFIT OF THE SERVICES PROVIDED SHALL BE SUBJECT TO THE TERMS & CONDITIONS

That I have been given a default PIN that I will change at the first usage of the ATM. I agree that my card shall be kept secure at all times and my PIN will not be disclosed to any other person. I will take reasonable care in maintaining confidentiality of the PIN by ensuring that it is known to me only. All transactions at the ATM made with my card and PIN will be treated as having been authorized by me. Withdrawals transacted by the card and PIN shall not exceed a maximum limit as may be specified by the Bank. The Card is the property of the Bank and may be withdrawn at any time without prior notice. I agree that the card shall expire on the expiry date indicated on the Card and may be at the discretion of the bank to renew upon expiry. The Bank reserves the right to levy fees/charges or commission, as it may deem appropriate for the use of this service.

If the Card becomes lost, missing or stolen, I shall make a written report at the nearest Business office. I will be charged N1,000.00 for cost of card and N50.00 monthly rental fee on Instant Cash effective when my card becomes active and the Bank reserve the right to review the fee either in amount or frequency of charging without prior notice.

I acknowledge and agree that this agreement is subject to change at any time without any prior notice to me. Cards uncollected by customers after 180 days of production will be destroyed at no cost to the bank. Customers account will be charged N2,000 for card delivery outside branch of request

2. USE OF THE SERVICE

I shall ensure that the Service is used for any of the following purposes:

- To make withdrawals from my account via the ATM.
- To check my account balance.
- To pay my bills Funds Transfer (where such service is available) Any other service that the Bank might offer through the card.

3. THE BANK SHALL BE EXCLUDED FROM LIABILITY IN THE FOLLOWING CIRCUMSTANCES:

- In the event that the Bank complies with any or all instructions given with my card where my PIN becomes known to a third party.
- The Bank shall not be liable for any instruction given by means of any fraudulent, duplicated or erroneous instruction emanating from the use of my PIN.
- The Bank shall not be liable to any failure to provide the service to comply with these terms and conditions arising from any cause that is beyond the Bank's reasonable control.
- Withdrawal of cash at the ATM shall be deemed to have concluded at the point the ATM dispenses cash. The Bank accepts no liability whatsoever for any subsequent event occurring after cash has been dispensed.
- The Bank will not be liable for any machine malfunction, strike any dispute or any circumstances affecting the use of the card where such matter are not within the direct control of the Bank.

4. TERMINATION

The Bank may for a valid reason alter, suspend or terminate the service without giving notice, and in the event that the Bank decides to give notice, should be sent to the mailing address contained in my records with the Bank.

SIGNATURE: _____

DATE:

Letter of Indemnity/or Special Instructions

In consideration of your agreeing to open a _____ banking account for us and to honor any eligible instruction communicated by us in line with the mandate given to you by us and in furtherance of banking services / products e.g. electronic banking, internet banking, special cheque confirmation etc accepted and requested by us, We _____ declare that all information provided by us are true and accurate. We also declare that we shall abide by all the relevant laws, bank policies and rules of account opening and operation as shall from time to time be applicable to us or the account in question.

We hereby also confirm, agree and undertake to keep you indemnified, saved and harmless from all claims, losses, demands paid, incurred or sustained by you as a result of your carrying out our instruction or request under reference or as a result of failure or refusal on our part to provide true and accurate information or to abide by relevant laws, polices and rules applicable to us or the account in question.

It is hereby irrevocably agreed that we shall effect payment under this Indemnity immediately upon receipt of your first demand in writing from you accompanied by your declaration that your Bank has been made or is likely to be made to suffer any claims, losses or demands as a result of carrying out or having carried out our instruction under reference; or for failure on our part to provide true and accurate information or to abide by relevant or applicable bank policies, law, rules and regulations applicable to us or the account in question.

The Bank shall, without recourse to the Company, debit any of our Accounts with any sums equivalent to any liability, loss, claim or distress which the Bank may suffer. The Bank shall also retain as security for its exposure under these presents all shares, stock, title documents to landed properties and other security documents deposited with the Bank by the Company in relation to this indemnity or any other transaction whatsoever until the full and complete discharge of any liability, loss, claim or distress which the Bank may suffer hereunder.

All rights accruable to and enforceable by the Bank under these presents shall be exercised by the Bank without a Court Order or Judicial Pronouncement to that effect. And in the event that we have any dispute to the exercise of such right by the Bank, the dispute shall firstly be resolved amicably between us and the Bank, failing which the dispute may be referred to arbitration in accordance with the Arbitration & Conciliation Act. The costs of the Arbitration shall be fully borne by us. Our liability under this Indemnity shall be a continuing security in your favor until it is duly discharged. This Indemnity shall be governed by the laws of the Federal republic of Nigeria.

Dated this _____ day of _____ 20 _____

The Common Seal of the within-named _____

Was hereunto affixed in the presence of:

DIRECTOR

SECRETARY

Full Names:

Full Names

Site Visitation (Bank Use ONLY)

Visited Customer: Date:

Nearest Landmark:

Classification of Account:

Classification of Customer:

Comment/Observations:

Account/Relationship Officer Confirmation:

I hereby confirm that all information provided by the customer is satisfactory.

Name:

Signature: _____

Operations Checklist (Bank Use ONLY)

1.	Valid and approved I.D for all Directors and all signatories	<input type="checkbox"/>
2.	Form CO 7	<input type="checkbox"/>
3.	Form CO 2	<input type="checkbox"/>
4.	Duly Filled Account Opening Form	<input type="checkbox"/>
5.	Duly Filled Reference Form	<input type="checkbox"/>
6.	Tax Identification Numbe:	<input type="checkbox"/>
7.	KYC Form	<input type="checkbox"/>
8.	Utility Bill	<input type="checkbox"/>
9.	Passport Photographs (Attached to Mandate)	<input type="checkbox"/>
10.	Copy of Gazette establishing Ministry or Parastatal	<input type="checkbox"/>
11.	Copy of Particular of trustees (where applicable)	<input type="checkbox"/>
12.	Banking Licence (For Financial Institutions)	<input type="checkbox"/>
13.	Letter of Introduction from Employer (Salary Accounts)	<input type="checkbox"/>
14.	Mandate Card signed by the authorized signatories and endorsed by the Accountant General	<input type="checkbox"/>

15.	Copy of Partnership Deed	<input type="checkbox"/>
16.	Copy of Constitution (Certified True Copy of Incorporated Trustee)	<input type="checkbox"/>
17.	Copy of Certificate of Registration (for Incorporated Trustees)	<input type="checkbox"/>
18.	Work/ Resident Permit (Non -Nigerian Only)	<input type="checkbox"/>
19.	Relationship Manager's Site Visitation Report	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

CUSTOMER 1

1. Short Name

2. Mnemonic

3. Customer ID

CUSTOMER 2

1. Short Name

2. Mnemonic

3. Customer ID

CUSTOMER 3

1. Short Name

2. Mnemonic

3. Customer ID

Please Note:

All Corporate Accounts Come with the under listed:
100 Leaves Cheque Booklet

Reference Forms

Registered Name:

Bank:

Bank Account Number:

Date:

CAUTION:
 It is dangerous to introduce any person(s) who is or are not well known to you.

I hereby confirm that the applicant is well known to me for _____ years (not less than 2 years)

Referee's Signatures _____

TO BE COMPLETED BY REFREE'S BANK

To Keystone Bank Limited
 We hereby confirm our client's signature(s) hereon

Signed and Stamped by Authorised Signatory

Signed and Stamped by Authorised Signatory

Reference Forms

Registered Name:

Bank:

Bank Account Number:

Date:

CAUTION:
 It is dangerous to introduce any person(s) who is or are not well known to you.

I hereby confirm that the applicant is well known to me for _____ years (not less than 2 years)

Referee's Signatures _____

TO BE COMPLETED BY REFREE'S BANK

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Signed and Stamped by Authorised Signatory

Signed and Stamped by Authorised Signatory