



NQR COLLECTION ACCOUNT FORM (CORPORATE)

Kindly complete in CAPITAL LETTERS

Type of Business (Please indicate the business category and type of account to open by ticking the applicable box below)

Limited Liability Company Partnership Sole Proprietorship MDA's Schools Others (Please specify) _____

Branch Name _____

Collection Account No. _____
(for official use only)

Account Name _____

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

Company/
Business Name _____

Registration No. _____ Date of Incorporation/
Registration

D	D	M	M	Y	Y	Y	Y

Jurisdiction of Incorporation/Registration _____ Special Control Unit against
Money Laundering (SCUML)
Reg. No _____

Type/Nature of Business _____ Sector/
Industry _____

Operating Business
Address 1 _____

_____ City _____

Country _____ Zip/Postal Code _____

Operating Business
Address 2 _____

_____ City _____

Country _____ Zip/Postal Code _____

Business
Address/Registered
Office (if different
from above) _____

Email Address _____

Website (if any) _____

Office Number _____ Mobile Number _____

Tax Identification
Number (TIN) _____ CRMB No/Borrower's
Code (where
applicable) _____

2. Letter Of Indemnity

I/ We.....hereby authorize the opening of collection account(s) with Keystone Bank Ltd.
I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant such information
is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

1. Name.....Signature.....Date.....

2. Name.....Signature.....Date.....

3. Receiving Bank Details

Bank Name _____

Account Name _____

Account Number _____

4. Declaration

I/We hereby apply for the opening of a collection account or accounts with Keystone Bank Limited. 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 further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

5. Undertaking

The Customer makes the following undertaking:

- Keystone Bank will never ask you for your password, ATM PIN, token or any other sensitive personal data related to your bank account . Kindly keep your data safe and secure always.
- To give the Bank an indemnity against loss, injury or damage in the event that an excess of N100,000.00 (One Hundred Thousand Naira), which is the maximum transfer limit set by default is required. The terms of the indemnity shall be as determined by the Bank.

6. Signed, Sealed & Delivered By The Within Named Persons

Name	<input type="text"/>																											
Status	<input type="text"/>														Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Signature	<input type="text"/>																											
Name	<input type="text"/>																											
Status	<input type="text"/>														Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Signature	<input type="text"/>														Company Seal Here		<input type="text"/>											

7. Requirement Checklist

For Bank Use Only

S/N	Document Required	Checked	Deferred	Waived
1	Duly completed Collection account opening form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Duly completed specimen signature card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Copy of CAC certificate of registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Copy of Memorandum and Articles of Association (Certified as true copy by the Registrar of companies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Form CO7 Particulars of Directors (Certified true copies by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)/Form of registration of business name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Form CO2 Allotment of Shares (Certified true copies by the Registrar of companies and a certification by a Notary Public for foreign companies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Partnership deed (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Approval letter (for Government Agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Act/Gazette (for Government Agency) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Two (2) passport size photograph of each signatory to the account with name written on the reverse side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Introduction letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Status report for bankers (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Resident permit (for nonNigerians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Evidence of Registration with Nigerian investment Promotion Council (NIPC) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Search report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Power of attorney (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Letter of indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Proof of company address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Business premises visitation certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Proof of identity of all signatories and directors/officers whose names appear on the account opening form/document (Preferred Identity cards are International passport, National Identity card, National Driver's Licence, and valid Nigerian INEC Voter's card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Proof of address of all signatories and directors/officers whose name appear on the account opening form/document utility bill (Certified true copy is acceptable if original is not held)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Two satisfactorily completed reference forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Copy of the audited financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Bank Use Only

Account Officer DAO Code

Is the applicant a politically exposed person? Yes No

Address Verification & KYC Confirmed OK by: Name of staff

Staff ID

Staff 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"/>

9. Deferral/Waiver Of Document (if any) Authorized By

Name

Designation

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

Designation

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"/>

10. Account Opening Authorized/Approved By

BM

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"/>

CSO

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"/>

11. Terms & Conditions

Please read these terms and conditions carefully as you will be bound by them immediately you sign/affix your thumbprint below. Signing/affixing your Thumb print is your acknowledgement that you fully understand and accept these terms and conditions. Please note that all banking transactions between you and Keystone Bank Limited ("the Bank") shall be governed by these terms, definite agreements between you and the Bank or Customary Banking practices (in the absence of these terms and any definite agreement);

1. The Bank is under no obligation to open, create or permit the operation of the requested account until receipt of all specified documents and requirements for the account. The Bank reserves the right to decline the establishment and/or operation of your account where the requirements for the establishment and/or operation are not met.

2. In consideration of the foregoing and other services/obligations herein undertaken by the Bank, I/We undertake:-

- b. To be fully responsible for the repayment of any overdraft with Interest and to comply with the Bank's rules and new rates which may be advised by the Bank from time to time.
- c. To absolve the Bank of any responsibility for any loss of funds deposited with the Bank due to any future government Order, law, levy, tax, embargo, moratorium, exchange restriction and all other circumstances beyond the Bank's control.
- d. The Bank shall bear no liability for any funds handed to members of its staff outside banking hours or outside the Bank's premises. I/We shall make a formal request for cash pick up which may be considered and handled in line with the Bank's policy.
- e. All funds standing to my/our credit shall be payable on demand only in the local currency in circulation.

3. We acknowledge and agree that the Bank may at its sole discretion and without prior notice, change the minimum balance requirements, charges or interest rates on any account I/We operate.

4. I/We authorize the Bank to transfer money from any deposit account I/We maintain to any other account whose balance is below the required minimum or close my/our account.

5. I/We 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 the me/us, combine or consolidate all or any

of my/our accounts and those of other related parties. Related Parties include, subsidiaries of any Company or companies in which I/We are directors/shareholders or my/our sibling(s), Parents or Child/Children are directors/shareholders.

6. The Bank is also authorized to set off or transfer any sums or sums standing to the credit of anyone or more of such accounts described in the foregoing paragraph 7 or any credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to us or Related Parties with the Bank in or towards satisfaction of any of my/our liabilities to the Bank or any other account or in any respect whether such liabilities be actual or contingent, primary or collateral or several or joint. Notwithstanding that such amounts are in foreign currency or that they were incurred or procured at a different exchange rate from the prevailing exchange rate at the time of conversion.

7. The Bank, at its absolute discretion, reserves the right to close my/our account and to end this agreement if in the Bank's opinion it has not been operated in a manner acceptable to the Bank, has been operated illegally or to further a criminal activity, if I/We have given false information or my/our maintaining an account will damage the Bank's reputation. In this event, I/We undertake to immediately repay any sums I/We owe the Bank.

8. If a fraudulent activity is associated with the operation of my/our account, I/We agree that the Bank has the right to apply restrictions to my/our account and report to appropriate law enforcement agencies

9. If there is no activity on my/our account for a continuous period of six months or more (other than Interest and Bank Charges), I/We undertake to fill an account reactivation form, and submit fresh documentation as required by the Bank before I/We can start operating the account again.

10. The Bank shall not be liable for any payments made on my/our account where the information provided is incorrect, I/We have acted fraudulently, divulged the details of my/our access code, password or PIN, negligently or otherwise. The Bank shall also not be responsible for any liability arising from event/occurrence that is not under the control of the Bank including industrial disputes, failure of any electronic equipment, machine or device, government regulation.

11. I/We shall keep the Bank indemnified at all times and hold the Bank harmless from all actions, proceedings, claims damages, losses, Interest and expenses (including legal costs) which may be

brought against, suffered or incurred by the Bank in resolving any dispute on my/our account or in enforcing the Bank's rights which may have arisen from the Bank performing its obligations. This indemnity shall continue even upon termination of this agreement or closure of my/our account.

12. I/We authorize the Bank to place a hold on my/our account where any person makes a claim for any of the funds in my account until the Bank is completely satisfied that the dispute has been resolved and/or send the funds to the third party who has sufficiently satisfied the Bank that it is entitled to it.

13. I/We authorize the Bank to share information related to my/our account(s) with local and international regulators and tax authorities subject to the provisions of any law/rules and regulations in force. Where it is required, I/We authorize the Bank to pay out from my/our account(s) such determined amount as may be required according to such laws, Acts and Regulations.

14. The Bank shall at its sole discretion accept or decline any request to Borrow and any Borrowing shall be payable on demand except otherwise agreed in writing.

15. The terms of this agreement are personal to me/us and are not assignable or enforceable by me/us to any third party nor can any third party claim under it.

16. Nothing in this Agreement shall infer a relationship of principal and agent, joint venture, master and servant or Employer and Employee. Each Party is an Independent Contractor for the purpose of this agreement

17. This agreement is governed by the Laws of the Federal Republic of Nigeria

I/We have read and understand the KBL account opening terms and conditions stated above. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the bank may debit my/our account for the service charges as applicable from time to time.

1. Name.....Signature.....Date.....

2. Name.....Signature.....Date.....

