

ACCOUNT OPENING FORM-INDIVIDUAL

Account type (Please indicate the type of account you want to open by ticking in the box below)

Current Account ☐ Savings Account ☐ Joint Account ☐ Domiciliary Account ☐



Affix
Passport
Photograph
here

ACCOUNT No. (for official use only)

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This form should be completed in CAPITAL LETTERS using BLACK INK Characters and marks should be similar in style to the following ABC

1. PERSONAL INFORMATION

Title Surname

First Name

Middle Name

Marital Status (Please tick) Single ☐ Married ☐ Other (Please specify) Gender F ☐ M ☐

Date of Birth

D	D	M	M	Y	Y	Y	Y

Mother's Maiden Name

Nationality (for non Nigerian) Resident Permit No.

State of Origin LGA

Tax Identification Number (TIN)

2. CONTACT DETAILS

Residential Address

Street Number Street Name

City/Town

Landmarks

Phone Number (1) Phone Number (2)

E-mail Address

3. 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

 ID Expiry Date

D	D	M	M	Y	Y	Y	Y

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

4. ACCOUNT SERVICE(S) REQUIRED (Please tick option below)

Card Preferences: Verce/ATM Card ☐ Master Card ☐ Visa Card ☐

Internet Banking Preferences: Internet Banking ☐ Internet Banking Token (Fee Applies) ☐ Mobile Banking ☐ Biometric ATM ☐

Transaction Alert Preferences: Email Alert (Free) ☐ SMS Alert (Fee Applies) ☐

Statement Preferences: Email ☐ Post ☐ Frequency: Monthly ☐ Quarterly ☐ Semi Quarterly ☐

Cheque Book Requisition: Opened Cheque ☐ Crossed Cheque ☐ 50 Leaves ☐ 100 Leaves ☐

Cheque Confirmation Threshold: You will be required to pre confirm any cheque above Nxxx,000.00 if you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e. threshold above Nxxx,000.00) N

[illegible]

5. EMPLOYMENT DETAILS

Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Other (Please Specify)

	D	D	M	M	Y	Y	Y	Y
Date of Employment (if employed)								

[illegible]

Employer's/Employment Address

[illegible][illegible][illegible][illegible]

Office Phone Number

--	--	--	--	--	--	--	--

 Fax Number

--	--	--	--	--	--	--	--

6. DETAILS OF NEXT OF KIN

[illegible][illegible][illegible]

Relationship	Mobile Number
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[illegible]

Contact Details

[illegible][illegible][illegible]

7a. PERSONAL INFORMATION FOR SECOND OR JOINT APPLICANT

Title Surname

First Name

Middle Name

Marital Status (Please tick) Single ☐ Married ☐ Other (Please specify) Gender F ☐ M ☐

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)

7b. CONTACT DETAILS

Residential Address

Street Number Street Name

City/Town

Nearest Bus Stop

Phone Number (1) Phone Number (2)

E-mail Address

7c. 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

7d. EMPLOYMENT DETAILS

Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Other (Please Specify)

Date of Employment (if employed)

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"/>

Employer's Name

Employer's/Employment Address

Street Number Street Name

City/Town

Nearest Bus Stop

Nature of Business /Occupation

Office Phone Number Fax Number

7e. 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

8. PARTICULARS 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

9. ADDITIONAL DETAILS

I Educational Qualification: Certification 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"/>

II Name of Beneficial Owner(s):

III Spouse's Name

IV Spouse's 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"/>

V Sources of Fund to the Account:

VI Sources of Wealth of the Account holder:

VII Name of Children:

S/N	NAME	DATE OF BIRTH (DD/MM/YYYY)	ADDRESS/E-MAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VIII Name of Associated Business(es):

1.

2.

3.

IX Type of Business:

X Business Address:

XI ACCOUNT HELD WITH OTHER BANKS:

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

10. TERMS AND CONDITIONS

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.

11. 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

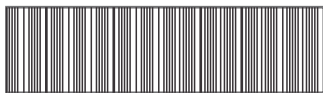
Signature

12. DECLARATION

I/We hereby apply for the opening of account(s) withBank Plc. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We have read the terms and conditions governing the operations of the account(s) which are presented overleaf and agreed to be bound by them.

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Signature _____

D	D	M	M	Y	Y	Y	Y

ACCOUNT No. (for official use only)

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13. REQUIREMENT CHECKLIST (FOR BANK USE ONLY)

Savings Account

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Three (3) recent passport photographs			
4.	Proof of identity: International passport, Driver's Licence or National ID card original must be sighted)			
5.	Proof of Address: Utility bill (Certified true copy if original is not need)			
6.	Letter from the Employer/School/NYSC (for salary account and or Student only)			
7.				

Current/Domiciliary Account

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Three (3) recent passport photographs			
4.				
5.	Proof of identity: International passport, Driver's Licence or National ID card original must be sighted)			
6.	Proof of Address: Utility bill (Certified true copy if original is not need)			
7.	Letter from the Employer/School/NYSC (for salary account and or Student only)			
8.	Resident Permit (for domiciliary account only)			
9.	Other Documents Provided			

14. AUTHENTICATION FOR FINANCIAL INCLUSION

- i. Is the customer socially or financially disadvantaged? YES ☐ NO ☐
- ii. If answer to the question (I) above is yes, state other documents obtained in line with the bank's policy on social/financially disadvantaged customer in compliance with paragraph 2.6.1.5.8. of AML/CFT Regulation, 2009

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YES ☐ NO ☐

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iii.

15. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

is the Applicant a Politically Exposed Person? YES ☐ NO ☐

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):

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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