

ASO HOME@HOME PURCHASE ACCOUNT

Please tick where applicable

- ☐ Outright Purchase (One-time) ☐ Outright Purchase (Installment)

Account Opening **Check List** (Please ensure all of the documents listed below are attached)

BASIC REQUIREMENTS

- ☐ Completed and signed signature mandate card
- ☐ Valid Proof of address {Copy of state issued ID, current utility bill (last two months) e.g. electricity, telephone, cable bill, gas} please note that proof of address should reflect the address inserted on your personal data page ***Notarized***
- ☐ Proof of Nationality (Copy of valid Nigerian International Passport or National ID) ***Notarized***
- ☐ Copy of valid proof of identification (Valid Nigerian International Passport./ Other International Passport, Valid Driver's License, Valid Permanent Resident Card, Valid Employment Authorization Document (EAD)/Work Permit) ***Notarized***
- ☐ Proof of source of funds (Reference Letter from Employer, work ID, 3months recent pay slip)
- ☐ 3 Passport photographs (full face forward –no glasses or head cover)
- ☐ Completed Indemnity form
- ☐ Signed Internet Banking Application form
- ☐ Minimum opening balance of N60,000 (or equivalent in any currency)
- ☐ Duly Filled Banker's Confirmation Form

SIGNATURES SHOULD BE WITNESSED BY A NOTARY PUBLIC; ALL PRESENTED DOCUMENTS MUST BE NOTARIZED (STAMP/SEAL, NAME, CONTACT ADDRESS, EMAIL AND PHONE)

Name of property to be purchased

Unit Number

Price of property

Payment structure:

Outright Purchase ☐ OR Mortgage Loan ☐

Name

Signature/Date

PERSONAL DATA

Personal Information

Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	(Mr/Miss/Mrs/Ms/Dr/Chief/Other)	
Full Names:	<input type="text" value="surname"/> <input type="text" value="middle name"/> <input type="text" value="first name"/>		
Date of Birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Place of Birth:	<input type="text"/>
Evidence of Nationality (International Passport No.):	<input type="text"/>		
Postal Address:	<input type="text"/>		
	<input type="text"/>	City Postal Code:	<input type="text"/>
Residential Address:	<input type="text"/>		
ZIP/Postal Code:	<input type="text"/>	City Postal Code:	<input type="text"/>
Country:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
City:	<input type="text"/>	Resident Permit No:	<input type="text"/>
Tax ID No (TIN):	<input type="text"/>	Permit Issue Date:	<input type="text"/>
Bank Verification Number:	<input type="text"/>	Permit Expiry Date:	<input type="text"/>
Telephone Number:	<input type="text"/>	Email:	<input type="text"/>

Security questions- please answer any two of the questions below

Favorite Color:	<input type="text"/>	Country of Birth:	<input type="text"/>
First Car:	<input type="text"/>	Pet Name:	<input type="text"/>

Employment Information

Current Job Title:	<input type="text"/>	Years @ Current Role:	<input type="text"/>
Current Annual Emolument:	<input type="text"/>	(NGN)	<input type="text"/>
Employer Name:	<input type="text"/>		
Employer Address:	<input type="text"/>		
ZIP/Postal Code:	<input type="text"/>	City Postal Code:	<input type="text"/>
		Country:	<input type="text"/>

Other Bank Information (I)

Bank Name:	<input type="text"/>
Bank Address:	<input type="text"/>
Bank Branch:	<input type="text"/>

PERSONAL DATA - Cont'd

ZIP/Postal Code: City Postal Code: Country:

Next of Kin/Account Beneficiary/Payable on Death Information

(Mr/Miss/Mrs/Ms/Chief/Dr/Other)

Name:

Relationship: Contact Tel:

Address:

E-mail: Country of Residence:

Closest Relative Resident In Nigeria

(Mr/Miss/Mrs/Ms/Chief/Dr/Other)

Name:

Relationship: Contact Tel:

Address:

Occupation/Business: Self Employed Yes ☐ No ☐

E-mail: Telephone Number:

PERSONAL DETAILS FOR JOINT ACCOUNT HOLDER

Personal Information

Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	(Mr/Miss/Mrs/Ms/Dr/Chief/Other)	
Full Names:	<input type="text" value="surname"/> <input type="text" value="middle name"/> <input type="text" value="first name"/>		
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Evidence of Nationality (International Passport No.):	<input type="text"/>		
Postal Address:	<input type="text"/>		
	<input type="text"/>	City Postal Code:	<input type="text"/>
Residential Address:	<input type="text"/>		
ZIP/Postal Code:	<input type="text"/>	City Postal Code:	<input type="text"/>
Country:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
City:	<input type="text"/>	Resident Permit No:	<input type="text"/>
Tax ID No (TIN):	<input type="text"/>	Permit Issue Date:	<input type="text"/>
Bank Verification Number:	<input type="text"/>	Permit Expiry Date:	<input type="text"/>
Telephone Number:	<input type="text"/>	Email:	<input type="text"/>

Security questions- please answer any two of the questions below

Favorite Color:	<input type="text"/>	Country of Birth:	<input type="text"/>
First Car:	<input type="text"/>	Pet Name:	<input type="text"/>

Employment Information

Current Job Title:	<input type="text"/>	Years @ Current Role:	<input type="text"/>
Current Annual Emolument:	<input type="text"/>	(NGN)	<input type="text"/>
Employer Name:	<input type="text"/>		
Employer Address:	<input type="text"/>		
ZIP/Postal Code:	<input type="text"/>	City Postal Code:	<input type="text"/>
		Country:	<input type="text"/>

Other Bank Information (I)

Bank Name:	<input type="text"/>
Bank Address:	<input type="text"/>
Bank Branch:	<input type="text"/>

PERSONAL DETAILS FOR JOINT ACCOUNT HOLDER - Cont'd

ZIP/Postal
Code:

City Postal
Code:

Country:

Next of Kin/Account Beneficiary/Payable on Death Information

(Mr/Miss/Mrs/Ms/Chief/Dr/Other)

Name:

Relationship:

Contact Tel:

Address:

E-mail:

Country of Residence:

Closest Relative Resident In Nigeria

(Mr/Miss/Mrs/Ms/Chief/Dr/Other)

Name:

Relationship:

Contact Tel:

Address:

Occupation/Business:

Self Employed

Yes

☐

No

☐

E-mail:

Telephone Number:

ASO HOME@HOME INDEMNITY

Account Name

In consideration of your acceptance of oral instructions or otherwise from me/us over the telephone, fax or implementation of other instructions where transmitted by electronic means (including email) in connection with such facilities as may from time to time form part of the service(s) offered by you in accordance with your policy, I/we irrevocably and unconditionally agree and undertake to accept the veracity of any such instructions and your implementation of the Services for all purposes whatsoever. I/We further irrevocably and unconditionally ratify the same and hereby waive any claim against you as a consequence of or in respect of the provision by you of the Services, and not to use, or allow any third party to use the Services on my/our behalf and/or for any fraudulent or unlawful purpose.

I/We confirm that any instructions given by me/us to you using any means may be used as evidence in any court of law or other proceedings of whatsoever nature or in resolving any dispute between us.

I/We further irrevocably and unconditionally agree to indemnify and hold you harmless from and against all liabilities, losses, actions, proceedings, claims, costs, damages and expenses which may be incurred or suffered by you, or made against you, as a consequence of, or in respect of, the provision by you of the Services. I/We further agree that you may debit any of my/our accounts with you for all costs, charges, expenses or other amounts which you may incur as a consequence of, or in respect of, the provision of the Services. I/We agree that you may ignore, or suspend action on, any instructions received from me/us if you, in your absolute discretion, deem it appropriate to do so. I/We further confirm my/our understanding that compliance with such instructions and provision of the Services shall be subject to the internal policies

of ASO Savings and Loans Plc, which may change from time to time and the relevant Circulars of the Central Bank of Nigeria.

In consideration of your continuing to handle from time to time, my/our transactions involving third currencies:

1. I/We hereby agree and acknowledge that payment in third currency made by me/us in respect of my/our transactions are provisional payments only pending the determination of the cross rate and any shortfall that may arise therefore will be paid by me/us and if not paid you shall be at liberty to pay or remit the reduced currency amount covered by the provisional payment.

2. I/We further agree to indemnify you against any exchange loss arising there from.

3. I/We also acknowledge that neither you nor your agents shall be responsible for any delays in obtaining such third currency from your foreign or local banks or any delays in remitting/paying the same.

4. I/We hereby irrevocably authorize you to debit my account, without recourse to me, to effect payment on this indemnity of any sums equivalent to any liability, losses, demands paid, incurred or sustained by you in respect of such transactions now and in future.

5. Where the underlying transaction is expressed in a third currency, I/We understand that the payment to the beneficiary will be made only on receipt by the Bank of funds in such currency from another bank or from its stock at the rate of exchange ruling or negotiated on the date of payment.

6. If no account is maintained in my/our name in

your books. I/We undertake to reimburse you for any differences or extra charges, which may accrue.

This indemnity shall be construed in accordance with the laws of the Federal Republic of Nigeria.

For the purpose of this Indemnity Undertaking, the word Services shall be deemed to include any form of banking services or products that ASO may offer its customers from time to time including any cards. This Indemnity and Undertaking shall be deemed to be an integral part of the account opening form executed by me/us as amended from time to time.

I/We hereby agree with the Indemnity and Undertaking given, which I/we have read, understood and received a copy of, and confirm that the information supplied is correct to the best of my/our knowledge.

1. Name

Date

2. Name

Date

Signature

Signature

Account Number
(to be provided by bank)

All rights accruable to and enforceable by ASO SAVINGS AND LOANS PLC under this indemnity shall be exercised by ASO SAVINGS AND LOANS PLC with or without a court order or Judicial pronouncement

TERMS AND CONDITIONS

TO: ASO SAVINGS AND LOANS PLC

I/We hereby request and authorize you:

1. To open an ASO.....account in our/ my name and subsequently to open further accounts as I/We may direct.

a. 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.

b. That all funds standing to our credit are payable on demand only in such local currency as may be in circulation.

c. 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.

d. 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.

e. 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.

f. 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.

g. 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.

2a. I/We shall indemnify ASO, its servants and agents and hold them all harmless and keep ASO fully indemnified against all claims, demands, liabilities, actions proceedings, losses, costs (including legal costs), charges, fees and expenses which may be brought against ASO or which ASO may pay or incur liability, howsoever arising with respect to:

b. Where there is a disparity between narration on source document giving the relevant instruction and the reporting narration on my statement of account where the narration on the source document has been vaguely captured by me/us

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.

ADDITIONAL TERMS AND CONDITIONS FOR OPENING NRN ACCOUNTS

1. Whenever any NRN account holder/depositor of the Bank (not a resident in Nigeria) opens or is in the process of opening a bank account [at any branch of] ASO Savings and Loans Plc or on-line through the Banks web page for opening NRN Accounts, the following additional terms and conditions shall apply (NRN Terms).

2. ASO will be indemnified if there is a change in unfavorable exchange rates of the currency paid and i/we hereby acknowledge that there is usually a time lag between the date transactions are initiated and the date that ASO receives value, during which this change in exchange may possibly occur.

3. Reference to these Terms and Conditions aforesaid shall include NRN Terms, and in case of a conflict or inconsistency between them, the NRN Terms shall prevail.

4. The validity, interpretation, enforceability, and performance of NRN account shall be governed by and construed in accordance with the laws of Nigeria. NRN Accounts are not subject to any foreign laws and are not insured by any foreign Insurance Corporation but by the Nigerian Deposit Insurance Corporation.

5. In relation to NRN accounts, the Bank is subject to all applicable circulars, orders, directives, rules, regulations, laws, decrees in Nigeria and the liability of the Bank for payment is governed by applicable laws and regulations in force in Nigeria at the relevant time. Repayment of any deposits, account balances, or interest thereon is subject to any acts of the Government of Nigeria or the Central Bank of Nigeria or any competent governmental and other regulatory authority in Nigeria.

6. For regulatory and/or risk management purposes, the Bank will require the NRN account holder/depositor at his sole expense, to secure

attestation of all documents, passports and signature by his/her banker, a Notary Public or the Nigerian Embassy/Consulate.

7. The Bank is hereby authorized to undertake all "Know Your Customer (KYC) procedures specified by applicable law and/or regulations and/or Bank policies including the confirmation of NRN account holder/depositor's details and legal status. The NRN account holder/depositor hereby authorize the Bank to debit the NRN account holder/depositor account without further notice to such holder/depositor for the costs attendant to such KYC procedures.

8. Although the Bank uses adequate security measures, the NRN account holder/depositor understands, acknowledges and agrees that the mere use of electronic delivery channels, couriers, or postal services entails various risks, including, but not limited to, the risk of cyber piracy on the internet, interception of documents/data, hacking, etc. The NRN account holder/depositor agrees to bear all such risks.

9. The NRN account holder/depositor further understands and agrees that given the use of internet for the purpose of opening NRN Account or use of courier/postal services for the purpose of mailing documents to the bank, confidentiality of the information transmitted through any of the medium mentioned above cannot be guaranteed, and such account holder/depositor waives any right to such confidentiality.

10. In addition and without prejudice to the indemnity provided above, the NRN account holder/depositor hereby releases the Bank from all liabilities and indemnifies the Bank from all actions, cost, suits, claims, demands, expenses, losses and liabilities howsoever arising in consequence of or in any way related to use of internet or any other electronic means or courier/postal services for the purposes of opening NRN Accounts, including communication of any incorrect information or message supplied through the same.

11. Funds transferred for the credit of Home Purchase Accounts will be subject to and converted into Naira using a rate derived from the sum of an average of these online quotes (Central Bank of Nigeria (CBN)*; XE.com; Oanda.com; Yahoo Finance; Abokifx.com#; Business Day Newspaper*# and Guardian Newspaper*#) and half of the difference between the lowest and highest quotes referenced above.

PLEASE NOTE:

*denotes that quotes are not real time and #denotes that quotes are BDC or parallel market quotes.

I _____ (name of customer) confirm that my country of residence complies with all laws, regulations or governmental and legislative policies and any other similar laws on Anti-Money Laundering, Know Your Customer, Anti-Bribery, Anti-Terrorist Financing and Applicable Sanctions

Dated this.....day ofyear.....

1. Name

Signature

Designation

2. Name

Signature

Designation

FOR BANK USE ONLY

DOCUMENT CHECK LIST

Passport photograph of each signatory	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	Signature mandate card	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred
Valid permanent resident card	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	Valid Identity document	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred
Two references (Nigerian Banks)	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	Internet Banking Form	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred
KYC/NOTARY	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	CAV/Proof of Address	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred
Home@Home Indemnity Form	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	Others (details attached)	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred

Date deferrals to be regularized

dd/mm/yy

Customer Address Verified by

Staff Name

Staff Name

Accounts sourced by:

Account Officer:

Alternative Account Officer:

Deferral authorized by:

Account checked & opened by (CSO):

Account authorized by (HOP):

Staff Signature & Date

Staff Signature & Date

Back Cover