

ASO MYHOUSE ACCOUNT

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

BASIC REQUIREMENTS

- One recent passport photograph of each signatory (with full face forward)
- Duly complete and signed signature mandate card (form attached)
- Utility bill issued within the last three months
- Valid Identification for each signatory (International Passport, Drivers License, National I.D)
- Valid resident permits (foreigners only)
- Two references IRO account signatories

ADDITIONAL REQUIREMENTS FOR CORPORATE/INCORPORATED BODIES

- Certificate of registration/incorporation
- Certified Form C07, C02 (Particulars of Directors)
- Certified True Copy of Memorandum and Articles of Association
- Partnership deed
- Board Resolution
- Meeting extract/minutes
- Constitution/Bye-laws/Rules & regulations/Enabling act/Decree
- Letter of authorizing officer/Power of attorney
- Trust deed
- Letter of administration
- Company Seal

ALL ORIGINALS TO BE SIGHTED. MANDATE AND RESOLUTIONS, TERMS AND CONDITIONS TO BE SIGNED BY THE DIRECTOR(S) AND COMPANY SECRETARY WITH COMPANY SEAL

Target Property Type

Target Price

Name

Signature/Date

Company Name

Certificate of Inc. Number

Date of Birth (dd/mm/yy)

Business Address (Number, Street, Town, State)

Registered Office (if different from above)

Nature of Business

Tax Identification Number

Approximate Annual Sal/Income (N)

Related/Affiliate company(ies)

Contact Phone 1

Phone 2

Office Phone/Fax

E-mail

Key Contact Person(s)

Surname

First Name

Middle Name

Job Title

Mobile

D/L

E-mail

Surname

First Name

Middle Name

Job Title

Mobile

D/L

E-mail

I certify that the above information is true and correct

dd

/mm

/yy

dd

/mm

/yy

Director

Signature & Date

Director/Company Secretary (with company seal)

Signature & Date

Special Instruction

Mailing Instruction

Mail

E-Mail

Hold

Mailing Address

Accounts With Other Banks

Bank Name

Branch/Address

Account Name

Account Number

Date Account Opened

Bank Name

Branch/Address

Account Name

Account Number

Date Account Opened

INDIVIDUAL/DIRECTOR'S PERSONAL DATA

JOINT/DIRECTOR'S PERSONAL DATA

Title Mr. Mrs. Miss Others

Surname

First Name Middle Name

Date of Birth (dd/mm/yy)

Nationality

Residential Address (Number, Street, Town, state)

Business/Occupation

Employer: Name and address

Tax Identification Number

Approximate Annual Sal/Income (N)

Mother's Maiden Name

Home Phone Office Phone/Fax

Mobile Phone

E-mail

Sex Male Female

Marital Status Married Single Others

If Married, Name of Spouse

Address & Phone

Next of Kin Surname

Other Names

Relationship

Phone

Contact Address

I certify that the above information is true and correct

Signature & Date

dd /mm /yy

Title Mr. Mrs. Miss Others

Surname

First Name Middle Name

Date of Birth (dd/mm/yy)

Nationality

Residential Address (Number, Street, Town, state)

Business/Occupation

Employer: Name and address

Tax Identification Number

Approximate Annual Sal/Income (N)

Mother's Maiden Name

Home Phone Office Phone/Fax

Mobile Phone

E-mail

Sex Male Female

Marital Status Married Single Others

If Married, Name of Spouse

Address & Phone

Next of Kin Surname

Other Names

Relationship

Phone

Contact Address

I certify that the above information is true and correct

Signature & Date

dd /mm /yy

