

ACCOUNT ADD ON FORM

EXISTING ACCOUNT HOLDERS ONLY

Type of account (please tick)

- ASO REGULAR CURRENT ASO REGULAR SAVINGS ASO MY HOUSE OTHER CORPORATE
 ASO PLUS ACCOUNT ASO EXCEL ACCOUNT ASO FLOURISH ACCOUNT OTHERS

Existing Account Number

Existing Account Name

Telephone

Mobile

E-mail

Date Of Birth

Wedding Anniversary

Please take this as an authority to open an account as stated above.

Customer's Signature

Date

E-Channel Options

- ASO mobile Internet banking ASO Xpress Card (ATM card)

Terms and Conditions apply

Please be informed that your account will be debited for the cost of requested sms notifications.

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Customer ID

Documentation Complete Yes No

Signature Verified Yes No

Mandate Confirmed Yes No

Signature Verification (CSO Name, Sign & Date)

Confirmation (Account Officer Name, Sign & Date)

Authorization (HOP Name, Sign & Date)

Statement Mailing Instruction(Mandatory) Post E-Mail Hold

Mailing Address



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.

I/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 I/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 & ATM card so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be grounds 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. I/We understand and agree that such cheque may be returned to us unpaid, but if paid I/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. 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 my/our account in ASO 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.

Dated this.....day of.....year.....

1	NAME [Grid]	SIGNATURE (Over Stamp) [Box]
	DESIGNATION [Grid]	
2	NAME [Grid]	SIGNATURE (Over Stamp) [Box]
	DESIGNATION [Grid]	

FOR BANK USE ONLY

DOCUMENT CHECK LIST

Passport photograph of each signatory	<input type="checkbox"/> Yes <input type="checkbox"/> Deferred <input type="checkbox"/> Waived	Signature mandate card	<input type="checkbox"/> Yes <input type="checkbox"/> Deferred <input type="checkbox"/> Waived
Valid residence permit (for foreigners)	<input type="checkbox"/> Yes <input type="checkbox"/> Deferred <input type="checkbox"/> Waived	Valid Identity document	<input type="checkbox"/> Yes <input type="checkbox"/> Deferred <input type="checkbox"/> Waived
Two References	<input type="checkbox"/> Yes? <input type="checkbox"/> Deferred <input type="checkbox"/> Waived	Utility bill	<input type="checkbox"/> Yes <input type="checkbox"/> Deferred <input type="checkbox"/> Waived
CAV/KYC	<input type="checkbox"/> Yes <input type="checkbox"/> Deferred <input type="checkbox"/> Waived	Letter of authorization from AGF/ Authorizing officer/Power of attorney	<input type="checkbox"/> Yes <input type="checkbox"/> Deferred <input type="checkbox"/> Waived
		Others	<input type="checkbox"/> Yes <input type="checkbox"/> Deferred <input type="checkbox"/> Waived

Date deferrals to be regularized dd/mm/yy [Grid]

Customer Address Verified by [Grid]
 Staff Name [Grid]

Accounts sourced by: [Grid]

Account Officer: [Grid]

Alternative Account Officer: [Grid]

Deferral/Waiver authorized by: [Grid]

Account checked & opened by (CSO): [Grid]

Account authorized by (HOP): [Grid]

Staff Signature & Date [Grid]

Staff Signature & Date [Grid]

[Grid]

[Grid]

[Grid]

[Grid]