

INDIVIDUAL ACCOUNT OPENING APPLICATION FORM

ASO REGULAR SAVINGS ACCOUNT ☐

ASO FIXED DEPOSIT ACCOUNT ☐

ASO REGULAR CURRENT ACCOUNT ☐

Aso+Plus = AsoPlus! ☐

BASIC REQUIREMENTS

Please complete all relevant portions of the account opening form and ensure the following documents are attached

1. One recent passport photograph of each signatory (with full face forward)
2. Duly completed and signed signature mandate card (form attached)
3. Utility bill issued within the last three months
4. Val id identification for each signatory (international passport, drivers license, national i.d)
5. Valid resident permits (foreigners only)
6. Marriage certificate (for joint applicants)

ADDITIONAL REQUIREMENT FOR CURRENT ACCOUNT

1. Two references (forms attached)

ALL ORIGINALS TO BE SIGHTED.

ATM ☐

SMS ☐ (Terms and conditions applicable)

Name

Signature/Date

INDIVIDUAL PERSONAL DATA

Title

Mr.

Mrs.

Miss

Others

Surname

Middle Name

First Name

Nationality

Date of Birth (dd/mm/yy)

Residential Address (Number, Street, Town, State)

Business/Occupation

Employer: Name and Address

Tax Identification Number

Approximate Annual Sal/Income (H)

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

Other names

Phone

Contact Address

Signature & Date

I certify that the above information is true and correct

dd

/mm

/yy

Special Instruction

Mailing Instruction

Mail

E-Mail

Hold

Mailing Address

Accounts With Other Banks

Bank Name

Bank Name

Branch/Address

Branch/Address

Account Name

Account Name

Account Number

Account Number

Date Account Opened

Date Account Opened

JOINT PERSONAL DATA

Title

Mr.

Mrs.

Miss

Others

Surname

Middle Name

First Name

Nationality

Date of Birth (dd/mm/yy)

Residential Address (Number, Street, Town, State)

Business/Occupation

Employer: Name and Address

Tax Identification Number

Approximate Annual Sal/Income (H)

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

Other names

Phone

Contact Address

Signature & Date

I certify that the above information is true and correct

dd

/mm

/yy

Special Instruction

ACCOUNT MANDATE TERMS & CONDITIONS

TO: ASO SAVINGS AND LOANS PLC I/We hereby request and authorize you

1. To open an Aso..... account in 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 until 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 instruments, 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 N100,000.00 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 letter 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 dishonored, 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 issues

- 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 entries 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. 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. 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.

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

1	NAME <input type="text"/> DESIGNATION <input type="text"/>	SIGNATURE (Over Stamp) <input type="text"/>
2	NAME <input type="text"/> DESIGNATION <input type="text"/>	SIGNATURE (Over Stamp) <input type="text"/>

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 from 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 <input type="text"/>	Staff Name <input type="text"/>	Staff Signature & Date <input type="text"/>
Customer Address Verified by	<input type="text"/>		<input type="text"/>
Accounts sourced by:	<input type="text"/>		<input type="text"/>
Account Officer:	<input type="text"/>		<input type="text"/>
Deferral/Waiver authorized by:	<input type="text"/>		<input type="text"/>
Account checked & opened by (CSO):	<input type="text"/>		<input type="text"/>
Account authorized by (HOP):	<input type="text"/>		<input type="text"/>