



FIT Microfinance Bank Ltd

RC: 1997936

Account Opening Form (Corporate)

Checklist (Bank use only)

		Checked	Deferred	Waived	N/A			Checked	Deferred	Waived	N/A
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Duly completed Specimen Signature card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	Form CAC 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Copy of CAC Certificate of Registration (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	Two (2) satisfactory completed Reference Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Board Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.	Utility Bill/Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Copy of Memorandum and Article of Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	Evidence of registration with SCUML (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Form CO7 Particulars of Directors (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	Evidence of registration with NIPC (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Form CO2 Allotment of Shares (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.	Proof of identity of all Signatories and Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Resident Permit or Work Permit (for non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.	Power of Attorney/Mandate letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Two (2) passport-sized photographs of each Signatory (Full names written on the reverse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	Letter of Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Introduction Letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.	Partnership Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S/N	Name of Signatory	Assign Authority Level (e.g. A, B, C)	Define Mandate (Single and/or Joint)	Assign Authorising Limit (Single)	Assign Authorising Limit (Joint)
1					Specify in Special Instructions space below
2					
3					
4					
5					

Special Instructions (define joint authorising limit, signing combinations and pre-confirmations threshold (if any))

*Pre-confirmation amount

*Please also state the amount if you would like to have specific amount for pre-confirmation, other than the amount set by the bank from time to time in the special instruction inbox above.

5 Please Consider These Valuable Services

*Cheque Book	Yes <input type="checkbox"/>	No <input type="checkbox"/>	**FIT MFB Direct	Yes <input type="checkbox"/>	No <input type="checkbox"/>	***E-Statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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*Cheque(s) above a certain amount (as determined by the Bank) may require confirmation.

**FIT MFB Direct is our online Banking Solution for businesses. Please complete the FIT MFB Direct authorization form, for our online banking solution.

***Statements of your account will be sent to you by email or can be downloaded from our online banking platform.

FIT MFB Direct Application Form

6 Company Profile

Company Name
Registered business name

Mailing Address
Token(s) will be sent to this address

Primary Contact and Other Users

Full Name	Mobile Number	E-mail Address	Profile Type#	User Login ID#	Signing Limit	
					Currency	Amount
User 1 (Primary Contact)						
User 2						
User 3						

^ User to indicate their preferred User Login ID. Min 3 & Max 10 alphanumeric with no spacing between characters.

Select one from the following profile types for each user.

6A FIT MFB Direct Authorisation Matrix

Number of approvers required to complete a transaction
Maximum transaction amount will be the lowest signing limit amongst the approvers

<input type="checkbox"/> 1 Checker	<input type="checkbox"/> 1 Approver
<input type="checkbox"/> 2 Checkers	<input type="checkbox"/> 2 Approvers
<input type="checkbox"/> 3 Checkers	<input type="checkbox"/> 3 Approvers

Can users approve self-initiated transactions?

If only 1 user access is created, the default setting is 'Yes'

Yes

No

6B Signatories

I/We hereby acknowledge and agree that FIT MFB Direct will be provided by FIT Bank Limited (the 'Bank') in accordance with and subject to the prevailing terms and conditions of this service as set out in the Bank's prevailing Standard Terms which are to be read together with the Bank's prevailing Account Terms. The Standard Terms may be amended at the Bank's sole discretion from time to time, and FIT Direct is, and will continue to be made available at the Bank's sole discretion. Copies of the Standard Terms are available at any branch of the Bank or on the Bank's website at www.fitmfb.com.

For and on behalf of _____

Authorised Signatory

Authorised Signatory

Name: _____

Name: _____

Date: _____

Date: _____

6C For Bank Use Only

Customer ID	Group ID	
		SV

7 Declaration and Consent

General Terms and Conditions

- I/We hereby authorise you to open an account in my/our name and authorise all cheques or other orders which may be presented with respect to the account provided that same is issued in accordance with our mandate card and there are sufficient funds in the account
- I/We hereby agree that we shall bear full liability and/or consequence with respect to the issuance of any cheque without sufficient funds in our account.
- I/We hereby state that any request made to the Bank by way of any application for a credit facility(ies) shall be signed by our authorized signatories.
- I/We hereby agree that the Bank is entitled at anytime without notice to us, to combine or consolidate all or any of our account or a related account and set off any sum therein for the purpose of satisfaction of any our liabilities to the Bank.
- I/We hereby agree that the Bank shall bear no liability for any funds handed to a staff of the Bank outside the Bank's premises or outside banking hours except agreed by the bank in writing and the Bank shall be fully indemnified against any loss, claim, damage or action that may originate therefrom.
- I/We hereby agree that the Bank may close our account(s), where there is a suspicious inflow into our account, for security reasons or where there is any fraud in relation thereto.
- I/We hereby authorise and grant consent to the Bank to carryout the necessary checks on our company at the various bureaus and reference agencies and also share with such agencies our information. The Bank is discharged from any form of liability or damages made against the Bank by virtue of us granting this consent
- I/We hereby authorise the Bank to debit our account with the applicable charges for legal search conducted on our account at the Coporate Affairs Commission or the relevant agency/authority.
- I/We agree we shall not release cash or issue cheque in favour of any staff of the Bank, or transfer money into his/her account and in the event of such, the bank is fully indemnified against all loss, claim, action, damages, request which may arise therefrom.
- I/We agree that the Bank will not be legally responsible where our username and password and/or log in details for any of the bank products known only to us is accurately provided by any other person apart from us for any transactions where it reasonably contains sufficient information that same emanated from us.
- I/We agree that the Bank may debit the account with the usual banking charges, interests and fees as may be determined from time to time.
- I/We hereby indemnify the Bank against any loss, damages, claim that may be occasioned on the account by reason of any falsehood or inaccuracy of any statement or information or misinterpretation made to the Bank.
- I/We hereby authorise the Bank to debit our account for any malicious or frivolous claim, suit, garnished/mareva order brought against the Bank in relation to our account wherein the Bank had to seek for legal representation.
- I/We hereby grant FIT MFB Limited the authority to create an account on my/our behalf and process my/our information in line with the Nigeria Data Protection Regulation (NDPR). I/We am/are also aware that I/we can withdraw my/our consent at any time.
- I/We want to receive updates, offers, promotional materials and marketing communications from FIT bank by email, text messages, or phone calls.

Authorised Signatory Name & Designation

Signature

Date

Authorised Signatory Name & Designation

Signature

Date

Authorised Signatory Name & Designation

Signature

Date

Reference form

Reference form

The Manager
FIT MFB Limited

The Manager
FIT MFB Limited

Name of Applicant(s)

Name of Applicant(s)

Dear Sir/Madam,

Dear Sir/Madam,

I/We wish to introduce the above named person who desires to open a Current Account with you. I/We have known the above named person for _____ (Period) and I/We: (Referee to comment).

I/We wish to introduce the above named person who desires to open a Current Account with you. I/We have known the above named person for _____ (Period) and I/We: (Referee to comment).

I/We maintain a current account with

I/We maintain a current account with

Name of Bank: _____

Name of Bank: _____

Address: _____

Address: _____

Account(s) Name: _____

Account(s) Name: _____

Account No(s) is/are: _____

Account No(s) is/are: _____

Yours faithfully,

Yours faithfully,

Signature _____

Signature _____

Date _____

Date _____

Name _____

Name _____

Address _____

Address _____

Telephone Number _____

Telephone Number _____



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www.fitmfb ltd.com



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