





ADDITIONAL ACCOUNT SIGNATORY

ACCOUNT No. (for official u	se only) CUSTO	OMER ID (for official use	DONLY) BIOMETRIC ID No.	
This form should be completed in CAPITA	L LETTERS using BLACK	INK. Characters and marks should b	e similar in style to the following ABC	
Account Name				
Additio	onal Signatory	Replacement of Signatory		
Name of Signatory being Introduce	d / Replaced			
Reason for addition / replacement				
Reason for addition / replacement				
NEW SIGNATORY DETAILS				
Title	Surname			
First Name				
Other Name				
Biometric ID			Date of Birth D D M M Y Y Y Y Gender F M	
Mother's Maiden Name				
Occupation				
Status/Job Title				
Means of Identification:				
National ID Card Na	tional Driver's License	International Passport	INEC Voter's Card Others (please specify)	
ID Number		Issue Date	D D M M Y Y Y Y Expiry Date	
Residential Address		Street Name		
House Number		Screet Name		
Nearest Bus Stop/ Landmark				
City/Town				
Local Govt. Area			State	
Phone Number 1			Phone Number 2	
Nationality				
Nationality			Dual Citizenship? Yes No If Yes, Please State:	
Email Address (Optional)				
Class of Signatory (e.g. A,B,C etc.) Signature Date Date				
ACCOUNT SERVICES OFFERED (PLEASE TICK OPTION BELOW)				
Interactive Voice Recording (IVR) Cheque Book Request				
Withdrawal Withdraw	val Limit:		Requests for Statement of Account	
Fund Transfers Transfer	Limit:		SMS Alerts Debits Only Credit Only Both	
Check Balance Oth	er Services Pleas	se Specify:	Email Alerts	
Except otherwise permitted by the of the primary account holder.	Bank, only the above	e Services are permissible to th	signatory and all powers of the additional account signatory shall cease upon the death	

TERMS AND CONDITIONS				
Subject to these Terms, the Authorised Signatory(ies) are permitted to access and transact on my /our account(s) for such purpose that the Bank may permit in its discretion. I/We confirm that appropriate controls shall be maintained to ensure that unauthorised, forged or fraudulent instructions are not given to the Bank through the Authorised Signatory(ies). I/We however further confirm that any and all transactions whatsoever, carried out on the instruction of Authorised Signatory(ies) is/are hereby authorised, ratified, approved and confirmed. The Bank shall endeavor to implement my/our request for an additional signatory as contained herein within two (2) working days of properly receiving same, subject to my/our fulfillment of the Bank's requirements. The Bank is however exonerated from any liabilities howsoever arising from any delayed or non-implementation thereof. I/We acknowledge that within the period that the Bank is processing this request, instructions made by previous signatory in accordance with the previously existing Mandate may be successful. The Bank may also discontinue all or some transactions on the Account pending its implementation of this change in Mandate. Notwithstanding that an instruction is made by Authorised Signatory(ies) in accordance with an existing Mandate, the Bank may, where it deems it necessary or	prudent to do so and without any liability or obligation, require prior authentication from the Account Holder or any other account signatory(ies) in such manner or form deemed appropriate, before giving effect to any such request or instruction. Notwithstanding anything herein contained express or implied, the Bank reserves the independent right in its sole discretion, to vary and/or otherwise determine such requests or rights that may be exercised by an Authorised signatory, with or without notice to any person. The Bank may at any time and in respect of any Account activity, reserve any right(s) exclusively for the Account Holder whether or not an Authorised Signatory might have otherwise been authorised by the Account Holder. I/We hereby assume full responsibility, to the total exclusion and exoneration of the Bank, any liability, obligation and/or any adverse consequence relating to any activity carried out on my/our Account on the instruction of the Authorised Signatory(ies) and/or in relation to any matter contemplated herein. I/We shall indemnify the Bank and keep it fully indemnified on full indemnity basis (including legal and associated costs) against all claims, damages, losses, demands, actions, expenses, costs and any other adverse or analogous proceedings or circumstance (howsoever arising) which may be made or exist against the Bank in relation to the matters contained herein.			
Signature of Account Holder Affix postage stamp here and s	Date Date			
Signature of Account Holder Affix postage stamp here and sign accross Date				
REQUIREMENTS CHECKLIST AND DOCUMENT SIGN OFFS (FOR OFFICIAL USE ONLY)				
S/N DOCUMENTATION REQUIRED	YES CHECKED DEFERRED			
1 Specimen signature card duly completed and signed				
2 Two (2) recent passport photograph				
3 Proof of Address: Utility bills, etc. (Certified true copy is acceptable if original is not held)				
Evidence of identification e.g. International passport, Drivers' license, voter's card, National ID card (Original to 4 be sighted) on all signatories, Directors or principal shareholders. Where a signatory is unable to produce any of the above identification the referee should fill referee identification form.				
5 Resident Permit (For non-Nigerian)				
Is the applicant a Politically Exposed Person? Yes No (IF YES, please obtain Senior Management Approval)				
DOCUMENT CHECKED BY:				
CSOs/HCFDs Name				
Staff Number Signature	Date D D M M V V V V			
Address verification carried out by:				
Address verification carried out by:				
Name Name				
	Date D D M M Y Y Y Y			
Name Name	Date Date			
Name Staff Number Signature	Date D D M M V V V V V D D D D D D D D D D D			
Name Staff Number Name Signature	Date D M M Y Y Y Y			