

## FIRSTDIRECT APPLICATION FORM

A: CORPORATE DETAILS (To be filled by the requesting organisation)

Date

D	D	M	M	Y	Y	Y	Y

Organisation Name

Address (Not P.O. Box)

Tax Identification No (TIN)

RC number

(where applicable)

Type of Institution

(Corporate or Govt?)

Website Address

(where available)

### Contact Person

Name

Phone No

E-mail Address

Designation

#### Services

(Please select services required)

☐ Account Service

☐ Trade Service

☐ Payments

☐ Liquidity Management

☐ Collections & Receivable

☐ Supply Chain Finance

☐ Payroll

☐ Escrow Service

☐ Virtual Account

☐ Direct Debit

#### API Services

(Please select services required)

☐ Account Service

☐ Direct Debit

☐ Payments

☐ Virtual Account

☐ Collections

For API Services, Customer is expected to provide an instruction detailing the request.

	DAILY LIMIT	SINGLE PAYMENT LIMIT	BULK PAYMENT LIMIT	#	\$	€	£
TRANSACTION LIMIT							

Please indicate below the details of your Company Account(s)

### FUNDING ACCOUNT(S)

S/N	ACCOUNT NAME	ACCOUNT NUMBER (NUBAN)	#	\$	£	BANK

### RECEIVABLES ACCOUNT(S)

S/N	ACCOUNT NAME	ACCOUNT NUMBER (NUBAN)	#	\$	£	BANK

Additional account details should be provided in an excel sheet.

Provide Users' details on Company's Letter Head using the template below

#### Initiator

S/N	Preferred Username	Full Name	Phone No	Email

#### Verifier

S/N	Preferred Username	Full Name	Phone No	Email

#### Authorizer

S/N	Preferred Username	Full Name	Phone No	Email

Transaction Charges to be borne by  
(Subject to CBN guideline)

Service

Payments

Payroll

Collections & Receivables

☐ Beneficiary

☐ Corporate

☐ Beneficiary

☐ Corporate

☐ Beneficiary

☐ Corporate

### Authorised Signatories to the Account(s)

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>		

FOR OFFICIAL USE ONLY

### Received by: Relationship Manager

Name	<input type="text"/>	Mobile Telephone	<input type="text"/>																
Staff Number	<input type="text"/>	Group	<input type="text"/>																
Business Unit	<input type="text"/>	Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												

Is customer a FINTECH? Yes ☐ No ☐ (If "Yes" attach the customer's CBN issued Licenses)

Is customer KYC / KYB Complaint? Yes ☐ No ☐

Signature

INSTRUCTION TO THE ACCOUNT OFFICER: Please forward completed forms to Transaction Banking Division

### Authorising Bank Officials

	BM	BDM	Group Head
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>