

Full Name:
Surname first

Signature:

Date:

dd-mm-yyyy

Category of Signatory:

Passport Photograph

Full Name:
Surname first

Signature:

Date:

dd-mm-yyyy

Category of Signatory:

Passport Photograph

Full Name:
Surname first

Signature:

Date:

dd-mm-yyyy

Category of Signatory:

Passport Photograph

ACCEPTANCE OF TERMS & CONDITIONS

I/We hereby request and authorise the bank to open a Current Account in the name I/we have expressed in this card.

I/We have read and understood the Equitorial Trust Bank Ltd terms and conditions stated on the Customer Record Opening form. I/We agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time.

My/Our signature(s) on this Current Account Card express(es) my/our acceptance of the said terms and conditions. Also, my/our signature(s) on this card confirm that the information/instruction(s) on this card were duly provided by me/us.

CHECKLIST FOR ACCOUNT OPENING CARD

(For Bank Use Only)

	Provided (Tick if applicable)	Deferred (Initials of authorising officer)	Waived (Initials of authorising officer)
1 Account opening form duly completed			
2 Individuals means of Identification			
3 Two Reference forms			
4 Passport photographs of each signatory			
5 Card Scanning duly completed			

INFORMATION OF PROCESSORS

(For Bank Use Only)

Bank Branch:

Staff Name & ID Card No.:

Signature & Date:

Account Introduced by:

Relationship Officer:

**Account Opened/
Card Scanned by:**

Account Authorised by:

Account Checked by:

Serial Number:
(For Bank Use Only)

Account Number:
(For Bank Use Only)

Customer Account Opening Card

Savings Account



Equitorial Trust Bank
Partnership that works

Account Name:
(Surname First)

Customer Mandates:

E-BANKING SERVICES:

Please tick any of the e-banking service(s) you wish to subscribe to

ATM

Internet Banking

Mobile Banking

SMS Alert

E-mail Alert

ACCOUNT SIGNATORIES

Full Name:
Surname first

Signature:

Category of Signatory:

Passport Photograph

Date:

dd-mm-yyyy

Full Name:
Surname first

Signature:

Category of Signatory:

Passport Photograph

Date:

dd-mm-yyyy

ACCEPTANCE OF TERMS & CONDITIONS

I/We hereby request and authorise the bank to open a Savings Account in the name I/we have expressed in this card.

I/We have read and understood the Equitorial Trust Bank Ltd terms and conditions stated on the Customer Record Opening form. I/We agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time.

My/Our signature(s) on this Savings Account Card express(es) my/our acceptance of the said terms and conditions. Also, my/our signature(s) on this card confirm that the information/instruction(s) on this card were duly provided by me/us.

CHECKLIST FOR ACCOUNT OPENING CARD

(For Bank Use Only)

	Provided (Tick if applicable)	Deferred (Initials of authorising officer)	Waived (Initials of authorising officer)
1 Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Individuals means of Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Passport photographs of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Card Scanning duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION OF PROCESSORS

(For Bank Use Only)

Bank Branch:
(For Bank Use Only)

Staff Name & ID Card No.:

Signature & Date

Account Introduced by:

Relationship Officer:

Account Opened/
Card Scanned by:

Account Authorised by:

Account Checked by:

Serial Number: (For Bank Use Only)

Account Number: (For Bank Use Only)

Customer Account Opening Card

Foreign Currency Domiciliary Account



Equitorial Trust Bank
Partnership that works

Account Name: (Surname First or Business Name)

ETB Naira Account Number:

TYPE OF CURRENCY

USD GBP EUR CFA Franc JPY Others (Specify)

Customer's Mandate(s):

ACCOUNT SIGNATORIES

Full Name: Surname first

Signature:

Date: *dd-mm-yyyy*

Category of Signatory:



Full Name: Surname first

Signature:

Date: *dd-mm-yyyy*

Category of Signatory:



Full Name: Surname first

Signature:

Date: *dd-mm-yyyy*

Category of Signatory:

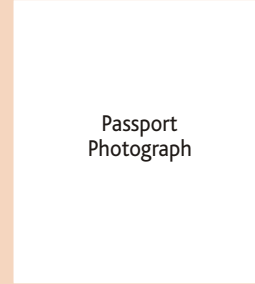


Full Name:
Surname first

Signature:

Category of Signatory:

Passport
Photograph



Date:

dd-mm-yyyy

ACCEPTANCE OF TERMS & CONDITIONS

I/We hereby request and authorise you to open a Foreign Currency Domiciliary Account in the name I/we have expressed in this Card.

I/We agree:

- That the bank shall have no responsibility/liability for any diminution due to taxes, charges or depreciation in the value of funds credited to the account or for the unavailability of such funds due to restrictions on convertibility, requisitions, involuntary transfers, distraints of any character, exercise of regulatory authority, usurped powers, or other similar causes beyond the bank's control.
- That the bank may at any time discharge its entire liability with respect to the Domiciliary Account by giving to the customer the amount of credit balance in the Domiciliary Account along with such other documents, if any, as may be necessary.
- That in the case of a joint account, in the event of the death of any owner, the bank shall pay/submit to the surviving owner(s) all money, deeds, securities and other property whatsoever standing to the credit held by the bank in the owners' joint names.
- That under the Money Laundering Act (2004 and as amended to date), the customer shall bear full responsibility for all transactions on the domiciliary account and may be called upon to provide clarification by any of the regulatory agencies.
- That the bank is obliged to report qualifying transactions to the regulatory authorities in line with the trade exchange rules of CBN (Central Bank of Nigeria) the anti-money laundering regulation of the NDLEA (National Drug Law Enforcement Agency) and the Money Laundering Act (2004 and as amended to date). Accordingly, the bank shall process all the customers' transactions efficiently while exercising due diligence. However, should the bank require further clarification at any stage of a transaction, the bank shall require the customers' full co-operation in providing adequate information.
- That the bank can surcharge me/us with 1% COT on all transfers/withdrawals from my/our Foreign currency domiciliary account.
- That the conversion of foreign currency will be at the ruling official exchange rate.
- That the operation of the Domiciliary Account is subject to the laws and regulations existing at any time in the Federal Republic of Nigeria.

I/We have read and understood the Equitorial Trust Bank Ltd terms and conditions stated on the Customer Record Opening form and on this Account Opening Card. I/We agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time.

My/Our signature(s) on this account opening card express(es) my/our acceptance of the said terms and conditions. Also, my/our signature(s) on this card confirm that the information/instruction(s) on this card were duly provided by me/us.

CHECKLIST FOR ACCOUNT OPENING CARD

(For Bank Use Only)

	Provided (Tick if applicable)	Deferred (Initials of authorising officer)	Waived (Initials of authorising officer)
1 Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Individuals means of Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Board Resolution (For Corporate Customers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Two Reference forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Passport photographs of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Card Scanning duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION OF PROCESSORS

(For Bank Use Only)

Bank Branch:
(For Bank Use Only)

Staff Name & ID Card No:

Signature & Date

Account Introduced by:

Relationship Officer:

**Account Opened/
Card Scanned by:**

Account Authorised by:

Account Checked by:

