



ABUCOOP MICROFINANCE BANK LIMITED

Plot 251, Millennium Builder's Plaza, Herbert Macaulay Way,
Central Business District (CBD), Garki - Abuja.
Tel: 0709 880 3850. E-mail: info@abucoopmfb.com
Website: www.abucoopmfb.com

PASSPORT
PHOTOGRAPH
HERE
X2

CORPORATE ACCOUNT OPENING FORM

ACCOUNT NUMBER

DATE ACCOUNT OPENED

CORPORATE

COOP

OTHERS

PLEASE FILL IN BLOCK LETTERS. TICK
WHERE APPLICABLE AND DELETE
BOXES NOT TICKED BY CROSSING IT.

Do you have any account with ABUCOOP Microfinance
if "YES" kindly enter the account number below

ACCOUNT /COMPANY NAME

ACCOUNT DETAIL

REGISTERED ADDRESS

RC. NO.

E-MAIL

OFFICE PHONE

CUSTOMER'S INFORMATION (OR IF FOR MINOR, PARENT/GUARDIAN INFORMATION)

Name (Title) (Surname) (First Name) (Middle Name)

Residential Address (NIG)

Street

City

Mobile Number

House No.

LGA

State

Country

Mailing Address

Email

Employer's Address/
Business Address

Office Number

Occupation

NO OF CHILDREN

Date of Birth
(DD/MM/YYYY)

Place of Birth

Local Govt. Area

State of Origin

Nationality

Religion

Sex (M/F):

Maiden Name:
(If Female & Married)

Mother's Maiden Name

Marital
StatusSpouse's Name
(If Married)Spouse
OccupationEmployer's Address/
Business Address

Officer Number

Current Position

Total Annual Income/
(Before taxes)Other Sources of Income
Apart from employer (if any)

Means of Identification: International Passport

National ID

Driver's License

Others (Specify)

Issuing Authority
(FRSC, EGN, etc)

ID Number

Issuance Date:
(DD/MM/YYYY)Expiry Date:
(DD/MM/YYYY)

For Foreigners only

Visa Details

Resident/Work Permit

Arrival Date (DD/MM/YY)

Visa Number

Date Issued (DD/MM/YY)

Expiry Date (DD/MM/YYYY)

Number

Expiry (DD/MM/YYYY)

Next of Kin

Surname

Other Names

Relationship

Residential Address:

Phone Number:

Email

Residential Premises Status: Fully Owned: ☐ Mortgaged: ☐ Rented: ☐ Others: ☐Car Ownership: Fully Owned: ☐ Loan: ☐ Car Brand: Car Model: Year: Additional Cars)?

If T-ticked below, kindly tick the option and services required by you:

SMS

e-mail

e-statement

Cheque Lodgment Outgoing

Cleared Cheque

Deposit on Current/Savings Account

Salary Payment

ATM Transactions

Cheque Lodgment Incoming

Returned Cheque

Withdrawals from Current/Savings Account

Trade Transactions

i-bank Transfers

**CHEQUE CONFIRMATION POLICY (Kindly chose option A, B, or and sign below)**

Confirm all cheques from N100,000 (one hundred thousand naira) and above payment in line with ABUCOOP MFB confirmation Policy. This policy has been adopted to safe guard your account fraudulent practices, if you are in agreement, kindly tick this option and sign

YES ☐ NO ☐Tick the means of confirmation required by you: Confirmation Letter ☐ Reverse side of Cheque ☐ Email ☐

Name:	
Signature:	

Name:	
Signature:	

Name:	
Signature:	

Name:	
Signature:	

Please note that it is extremely important that confirmation should be done in advance and in accordance with mandate chosen

SIGNING MANDATE**AUTHORITY TO DEBIT OUR ACCOUNT**

We/I hereby request for a Cheque book ofleaves and authorize ABUCOOP Microfinance Bank Limited to debit our/my account. We/I also authorize ABUCOOP Microfinance Bank Limited to debit our/my account with the sum of..... being cost of search conducted by your bank on our company.

INDEMNITY

I hereby agree to indemnify ABUCOOP Microfinance Bank Limited in full against any action, claim, processing or damages arising from this account or, representations made, by me in respect of this account or for whatsoever in connection with this account. I further confirm that all my dealings in respect of this account shall not be contrary to any subsisting law a regulation in force in Nigeria from time to time.

RIGHT OF SET OFF

I also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law you may at any time and without notice to me combine or consolidate all or any of my accounts without any liabilities to you and set off or transfer any sums standing to the credit of anyone or more of such accounts or any credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to me with you in or towards satisfaction of my liabilities to you or any other account or other respect whether such liabilities be actual, contingent, primary, collateral, several or joint.

Dated this.....day of.....20.....

The common seal of the company is hereunto affixed in the presence of;

Director

Secretary

Company Seal

**PHYSICAL VISITATION FORM**

FROM _____

TO: _____

DATE: _____

In line with the bank's account opening requirements, I hereby submit report on physical visitation to the customer's corporate office and signatories' places(s) of residential as follows:

1. NAME OF CUSTOMER _____

2. CORPORATE OFFICE ADDRESS VISTED _____

3. TEL. NO. PHYSICAL CORPORATE ADDRESS VISITED _____

4. HOME ADDRESS SIGNATORIES TO CORPORATE A/C VISITED

S/N	NAME(S)	ADDRESS(ES)
-----	---------	-------------

5. address given by customer (in the account opening form) _____

6. explanation for difference between (2 OR 4)& (5) _____

7. DATE OF PHYSICAL VISITATION _____

8. OBSERVATION OF THE HOME ADDRESS(ES) VISITED _____

A. DOES THE ADDRESS EXIST YES ☐ NO ☐B. DOES THE CUSTOMER RESIDE AT THIS ADDRESS? YES ☐ NO ☐C. DO PEOPLE/NEIGHBOURS KNOW HIM/HER IN THIS ARE/ADDRESS YES ☐ NO ☐**OBSERVATION THE CORPORATE ADDRESS VISITED**D. DOES THE ADDRESS EXIST YES ☐ NO ☐E. DOES THE COMPANY OPERATE FROM THIS ADDRESS? YES ☐ NO ☐F. DOES THE COMPANY HAVE ANY OTHER PLACE OF BUSINESS, WAREHOUSE OR FACTORY YES ☐ NO ☐

IF SO, WHERE? _____

IN YOUR OPINION AND CONSIDERING THE OBSERVATIONS, ARE THERE ANY

VISIBLE SIGNS OF OPERATIONAL EXISTENCE YES ☐ NO ☐

BASE ON THE ABOVE INFORMATION, I HEREBY CONFIRM THE EXISTENCE OF THE HOME & OFFICE ADDRESS AT:

NAME OF RELATIONSHIP OFFICER VISITING ADDRESS(ES) _____

SIGNATURE & DATE OF RELATIONSHIP OFFICER VISITING ADDRESS (ES) _____

**CHECK LIST/ ACCOUNT OPENING REQUIREMENTS**

SIN	DOCUMENTS OBTAINED	IN PLACE	WAIVER
I	Identification		
	(a)International Passport		
	(b)Driver's License		
	(c)National ID Card		
	Passport Photograph		
	Verification of Signature		
	Signature Card		
	Company's Mandate		
	Reference Forms Internal		
	External		
	Certificate of Exemption from using "limited after name		
	Certification of Incorporation		
	Board Resolution		
	CTC of Memo and Art By CAC		
	CTC of Co 7 (Particular of Directors) by CAC		
	Search Report		
	Visitation Report		
	Public Utility Receipt/Invoice		
	Residence Permit		
	Complete Signatories Personal Information Form		
	KYC / Money Laundering Form		

CUSTOMER INTRODUCE BY _____ NAME & SIGNATURE _____

RELATIONSHIP OFFICER _____ NAME & SIGNATURE _____

WAIVER APPROVED BY _____ NAME & SIGNATURE _____

Approved	Initial	Date
Branch		
Approved		

**(B) SIGNATORIES TO THE ACCOUNT**

	NAME	CATEGORY	SPECIMEN SIGNATURE
1			
2			
4			

We FURTHER CERTIFY that there is no provision in the Memorandum and Articles of Association of the company limiting the power of the Board of Directors to Pass the foregoing resolution and that the same are in conformity with the provisions of the said Memorandum and Articles of Association.

We further certify that Memorandum and Articles of Association of the company given by us to the Bank are amended up to date. we further undertake that any further amendment to the Memorandum and Articles of Association will be advised to the Bank within fourteen days of such amendments.

We indemnify the Bank against any loss, expenses and damages it may sustain through our failure to notify or delay in notifying the bank of any alteration, amendment or addition to the Memorandum and Articles of Association

The mandate of the company shall be: _____

We certify that the above is a true and correct: extract of the minutes of the Board meeting

Dated at: _____ this _____ day of: _____ 20 _____

Chairman

Secretary

CUSTOMER MANDATE ON CONFIRMATION

To: Abucoop Microfinance Bank Ltd.

Date _____

NON - CONFIRMATION OF CHEQUES

In furtherance of We _____ Opening current account NO. _____ with Abucoop Microfinance Bank Ltd, we hereby instruct Abucoop Microfinance Bank Ltd accordingly to all time honour instrument drawn on our account without prior confirmation from any of the authorized signatories to the account or any other officer of the company as the case may be.

We have given this standing instruction to ABUCOOPMFB Ltd, as part of the mandate for the operation of our account with full knowledge of the implication and probable consequences of non-confirmation of instrument prior to payment and irrespective of the mouth involved.

In consideration of Abucoop Microfinance Bank Ltd. Opening and allowing us to operate the account as mandated herein, we hereby irrevocably undertake and covenant that we shall at all times hereafter well and truly indemnify Abucoop Microfinance Bank Ltd. and keep Abucoop Abucoop Microfinance Bank Ltd fully indemnify and held harmless against all losses, claims, demands, liabilities, actions, proceedings, damages, fees and expenses which may be occasioned to Abucoop Microfinance Bank Ltd in consequence of it so acting on our instruction given hereto.

The foregoing shall be construed as a continuing indemnity and shall not be revoked by us without prior notification to Abucoop Microfinance Bank Ltd.

Authorized Signature

Authorized Signature



LIST OF SENIOR MANAGEMENT STAFF	
NAME	POSITION/TITLE
1.	
2.	
3.	
4.	
5.	

MAJOR PRODUCTS	
KEY CUSTOMERS:	
1.	
2.	

ACCOUNT WITH OTHER BANKS (INCLUDING ABUCOOP MICROFINANCE BANK LIMITED)

NAME AND ADDRESS OF BANKER	ACCOUNT NAME AND NUMBER

REFERENCES

NAME AND ADDRESS	NATURE OF BUSINESS/OCCUPATION	BANKER ACCOUNT NO:	TYPE OF ACCOUNT:

We requested the opening with ABUCOOP MICROFINANCE BANK. We certify that the above particulars are correct.

Authorised Signatory & Date
(with postage stamp on the column)

Authorised Signatory & Date
(with postage stamp on the column)

Authorised Signatory & Date
(with postage stamp on the column)



LIST OF SENIOR MANAGEMENT STAFF	
NAME	POSITION/TITLE
1.	
2.	
3.	
4.	
5.	

MAJOR PRODUCTS	
KEY CUSTOMERS:	
1.	
2.	

ACCOUNT WITH OTHER BANKS (INCLUDING ABUCOOP MICROFINANCE BANK LIMITED)

NAME AND ADDRESS OF BANKER	ACCOUNT NAME AND NUMBER

REFERENCES

NAME AND ADDRESS	NATURE OF BUSINESS/OCCUPATION	BANKER ACCOUNT NO:	TYPE OF ACCOUNT:

We requested the opening with ABUCOOP MICROFINANCE BANK. We certify that the above particulars are correct.

Authorised Signatory & Date
(with postage stamp on the column)

Authorised Signatory & Date
(with postage stamp on the column)

Authorised Signatory & Date
(with postage stamp on the column)

Please note that it is
disagreement to introduce
anyone who is not well
known to you

ABUCCOP MICROFINANCE BANK LIMITED
Plot 201, Millennium Building Plaza, Harbert Mountain Way,
Central Business District, Lagos State - Abuja

LETTER OF REFERENCE

To:
The Manager
Abuccop Microfinance Bank Ltd.

Dear Sir

NAME

I/We wish to confirm that we have known the above named person(s) for

I/We would like to comment about their suitability for maintaining a current account with your bank

I/We maintain a current account with:

Name of Bank:

Address:

My/our Account No. is

Yours faithfully

Signature

Name:

Address:

Date

Please note that it is
disagreement to introduce
anyone who is not well
known to you

ABUCCOP MICROFINANCE BANK LIMITED
Plot 201, Millennium Building Plaza, Harbert Mountain Way,
Central Business District, Lagos State - Abuja

LETTER OF REFERENCE

To:
The Manager
Abuccop Microfinance Bank Ltd.

Dear Sir

NAME

I/We wish to confirm that we have known the above named person(s) for

I/We would like to comment about their suitability for maintaining a current account with your bank

I/We maintain a current account with:

Name of Bank:

Address:

My/our Account No. is

Yours faithfully

Signature

Name:

Address:

Date

LETTER OF CONSENT FOR CREDIT INFORMATION

Made At:.....

Date:.....

Individual

<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------------	----------------------	----------------------	----------------------

Title Surname First Name Middle Name

Date of birth (DD/MM/YYYY)

Identification Type N

Issued at Date

Passport No..... Issued at..... Date

Others..... No..... Issued at..... Date

Corporate Person

We (Company's Name)..... Type.....

Registration No:

Date of Registration:

Directors (1)..... (2).....

(3)..... (4).....

(5)..... (6).....

Authorized Signatory.....

I/We hereby agree and consent to any or all registered Credit Bureau to disclose or to provide my/our information to ABUCOOP Finance Bank Limited which is member or service receipt of the company for the purpose of credit analysis, issuance of credit card according to my/our application for credit card which was given to the Bank as mentioned above including to the purpose of credit review/credit agreement extension/credit card renewal, risk management and prevention pursuant to Central Bank of Nigeria's requirement. I/We further agree that any duplication and or any copy, photocopy, electronic data or facsimile which have been made as a copy from this original consent letter or photocopy, image scanning, or recording in whatever forms shall be deemed as evidence of my/our consent with the same effect as its original.

(.....)

Consent grantor/Companies authorized person of consent grantor

(please print or use capital letters)

(.....)

Witness

(please print or use capital letters)

KNOW YOUR CUSTOMER (KYC)

ACCOUNT NAME:..... RC:.....
TITLE MR.: , MRS: , MISS: , CHIEF: , OTHER: , GENDER:..... MARITAL STATUS:.....
NAME:..... DATE OF BIRTH:.....
NATIONALITY:..... RELIGION:..... STATE OF ORIGIN:..... LGA:.....
ID TYPE:..... ID NUMBER:..... DATE OF ISSUE:..... EXPIRING DATE:.....
RESIDENT ADDRESS:.....
MAILING ADDRESS:.....
OCCUPATION:..... SELF EMPLOYED:..... NATURE:.....
EMPLOYER:.....
EMPLOYER ADDRESS:.....
RESIDENTIAL TEL:..... MOBIL TEL:..... OFFICE TEL:.....
GROSS INCOME (N):..... HOBBIES:.....
NAME OF SPOUSE:..... DATE OF BIRTH:.....
ADDRESS OF SPOUSE:.....
NUMBER OF CHILDREN:..... NAMES & AGE OF CHILDREN (a).....
(b)..... (c)..... (d).....
MOTHERS MAIDEN NAME:.....
WIFES MAIDEN NAME:.....
NEXT OF KIN:..... RELATIONSHIP:.....
ADDRESS..... PHONE NO:.....
CUSTOMER INTRODUCED BY:..... SIGNATURE:.....
NAME OF R.M:..... SIGNATURE:.....
APPROVED BY:..... SIGNATURE:..... DATE:.....
REMARKS:.....



ABUCOOP MICROFINANCE BANK LIMITED

RC 854830

Plot 251, Millennium Builder's Plaza, Herbert Macaulay Way,

Central Business District (CBD), Garki - Abuja.

Tel: 0709 880 3650. E-mail: info@abucoopmfb.com

Website: www.abucoopmfb.com

ADDRESS VERIFICATION FORM

CUSTOMER NAME.....

ADDRESS GIVEN BY CUSTOMER.....

(As in account opening form)

.....

.....

ADDRESS VISITED.....

.....

.....

REASON FOR ANY OBSERVED VARIATION BETWEEN (2) & (3)

.....

.....

DATE OF VISITATION.....

.....

OBSERVATIONS (Nature of Business & others).....

.....

.....

.....

.....
Relationship office

.....
Relationship office

...Built on co-operation