

NON - AUTHORISERS Please attach a list of users if the number of users exceed the spaces provided

1. FIRST NAME

LAST NAME

EMAIL

MOBILE NUMBER

*ROLE

TOKEN

2. FIRST NAME

LAST NAME

EMAIL

MOBILE NUMBER

*ROLE

TOKEN

3. FIRST NAME

LAST NAME

EMAIL

MOBILE NUMBER

*ROLE

TOKEN

4. FIRST NAME

LAST NAME

EMAIL

MOBILE NUMBER

*ROLE

TOKEN

5. FIRST NAME

LAST NAME

EMAIL

MOBILE NUMBER

*ROLE

TOKEN

6. FIRST NAME

LAST NAME

EMAIL

MOBILE NUMBER

*ROLE

TOKEN

7. FIRST NAME

LAST NAME

EMAIL

MOBILE NUMBER

*ROLE

TOKEN

*Role definitions: Initiator | Verifier | View Only

APPROVED AUTHORISERS Please attach a list of nominated signatories if the space provided above is not sufficient

1. NAME

MOBILE NUMBER

EMAIL

*LEVEL (A,B,C)

LIMIT (₹/\$/£)

2. NAME

MOBILE NUMBER

EMAIL

*LEVEL (A,B,C)

LIMIT (₹/\$/£)

3. NAME

MOBILE NUMBER

EMAIL

*LEVEL (A,B,C)

LIMIT (₹/\$/£)

4. NAME

MOBILE NUMBER

EMAIL

*LEVEL (A,B,C)

LIMIT (₹/\$/£)

5. NAME

MOBILE NUMBER

EMAIL

*LEVEL (A,B,C)

LIMIT (₹/\$/£)

6. NAME

MOBILE NUMBER

EMAIL

*LEVEL (A,B,C)

LIMIT (₹/\$/£)

7. NAME

MOBILE NUMBER

EMAIL

*LEVEL (A,B,C)

LIMIT (₹/\$/£)

*A = Level 1, B = Level 2, C = Level 3 approver

DETAILS OF DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTERS/EXECUTORS/ADMINISTRATORS/PRINCIPAL OFFICERS

TITLE

SURNAME

FIRST NAME

OTHER NAMES

DATE OF BIRTH

GENDER

Male

Female

MOTHER'S MAIDEN NAME

MARITAL STATUS

SINGLE

MARRIED

OTHER

(Please Specify)

PLACE OF BIRTH

NATIONALITY

RELIGION

STATE OF ORIGIN

LOCAL GOVT. AREA

IDENTIFICATION

NATIONAL ID

DRIVER'S LICENSE

INT'L PASSPORT

PERMANENT VOTER'S CARD

OTHERS

(Please Specify)

ID. NUMBER

ISSUE DATE

EXPIRY DATE

BVN

NIN

For Non-Nigerians

RESIDENT PERMIT NUMBER

ISSUE DATE

EXPIRY DATE

Are you a US Permanent Resident or citizen?

If yes, complete a W9 form for FATCA,

YES

NO

SOCIAL SECURITY NUMBER

HOUSE NUMBER

STREET NAME

NEAREST BUS-STOP / LANDMARK

CITY/TOWN

LOCAL GOVT. AREA

STATE

COUNTRY

MOBILE NUMBER

OTHER NUMBER

EMAIL ADDRESS

DETAILS OF DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTERS/EXECUTORS/ADMINISTRATORS/PRINCIPAL OFFICERS

TITLE

SURNAME

FIRST NAME

OTHER NAMES

DATE OF BIRTH

GENDER

Male

Female

MOTHER'S MAIDEN NAME

MARITAL STATUS

SINGLE

MARRIED

OTHERS

(Please Specify)

PLACE OF BIRTH

NATIONALITY

RELIGION

STATE OF ORIGIN

LOCAL GOVT. AREA

IDENTIFICATION

NATIONAL ID

DRIVER'S LICENSE

INT'L PASSPORT

PERMANENT VOTER'S CARD

OTHERS

(Please Specify)

ID. NUMBER

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HOUSE NUMBER

STREET NAME

NEAREST BUS-STOP / LANDMARK

CITY/TOWN

LOCAL GOVT. AREA

STATE

COUNTRY

MOBILE NUMBER

OTHER NUMBER

EMAIL ADDRESS

ACCOUNT SIGNATORY DETAILS

PERSONAL INFORMATION

TITLE

FIRST NAME

DATE OF BIRTH

GENDER

MaleFemale

MARITAL STATUS

SINGLEMARRIEDOTHER

(Please Specify)

STATE OF ORIGIN

NATIONALITY

For Non-Nigerians

RESIDENT PERMIT NUMBER

ISSUE DATE

EXPIRY DATE

JOB TITLE

EDUCATION

O' LEVELSTUDENTGRADUATEPOST-GRADUATEOTHERS

(Please specify)

SURNAME

OTHER NAMES

MOTHER'S MAIDEN NAME

PLACE OF BIRTH

LOCAL GOVT. AREA

RELIGION

Attach Passport Photo Here

CONTACT DETAILS

EMAIL ADDRESS

SOCIAL MEDIA

(If Any)

FACEBOOK

LINKEDIN

X

INSTAGRAM

Residential Address

HOUSE NUMBERSTREET NAME

NEAREST BUS-STOP/LANDMARKCITY/TOWN

LOCAL GOVT. AREASTATE

LENGTH OF STAY AT CURRENT ADDRESSYr(s)Mth(s)ACCOMMODATION TYPE

RENTEDOWNED

COUNTRY

MAILING ADDRESS

(if different from above address)

MOBILE NUMBER(Country Code)OTHER NUMBER(Country Code)

IDENTIFICATION

NATIONAL IDDRIVER'S LICENSEINT'L PASSPORTPERMANENT VOTER'S CARDOTHERS

(Please Specify)

ID. NUMBERISSUE DATEEXPIRY DATE

BVNNIN

Are you a US Permanent Resident or citizen?

YESNO

SOCIAL SECURITY NUMBER--

MANDATE

SIGNATURE CATEGORY

(Tick as applicable)

ABC

Signing instruction/Authority to sign

SIGNATURE

DATE

ACCOUNT SIGNATORY DETAILS

PERSONAL INFORMATION

TITLE

FIRST NAME

DATE OF BIRTH

GENDER

MaleFemale

MARITAL STATUS

SINGLEMARRIEDOTHER

(Please Specify)

STATE OF ORIGIN

NATIONALITY

For Non-Nigerians

RESIDENT PERMIT NUMBER

ISSUE DATE

EXPIRY DATE

JOB TITLE

EDUCATION

O' LEVELSTUDENTGRADUATEPOST-GRADUATEOTHERS

(Please specify)

SURNAME

OTHER NAMES

MOTHER'S MAIDEN NAME

PLACE OF BIRTH

LOCAL GOVT. AREA

RELIGION

Attach Passport Photo Here

CONTACT DETAILS

EMAIL ADDRESS

SOCIAL MEDIA

(If Any)

FACEBOOK

LINKEDIN

X

INSTAGRAM

Residential Address

HOUSE NUMBERSTREET NAME

NEAREST BUS-STOP/ LANDMARKCITY/TOWN

LOCAL GOVT. AREASTATE

LENGTH OF STAY AT CURRENT ADDRESS

Yr(s)Mth(s)

ACCOMMODATION TYPE

RENTEDOWNED

COUNTRY

MAILING ADDRESS

(if different from above address)

MOBILE NUMBEROTHER NUMBER

(Country Code)(Country Code)

IDENTIFICATION

NATIONAL IDDRIVER'S LICENSEINT'L PASSPORTPERMANENT VOTER'S CARDOTHERS

(Please Specify)

ID. NUMBERISSUE DATEEXPIRY DATE

BVNNIN

Are you a US Permanent Resident or citizen?

YESNO

SOCIAL SECURITY NUMBER

If yes, complete a W9 form for FATCA,

MANDATE

SIGNATURE CATEGORY

(Tick as applicable)

ABC

Signing instruction/Authority to sign

SIGNATURE

DATE

ADDITIONAL INFORMATION

ANNUAL TURNOVER

LESS THAN ₦50 MILLION

₦50 MILLION < ₦500 MILLION

₦500 MILLION < ₦5 BILLION

ABOVE ₦5 BILLION

IS YOUR COMPANY LISTED ON THE STOCK EXCHANGE?

YES

NO

NAME OF AFFILIATED COMPANY/BODY

1.

2.

3.

PARENT COMPANY'S COUNTRY OF INCORPORATION

ACCOUNT(S) HELD WITH OTHER BANK(S)

S/NO	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	ACTIVE/ DORMANT

AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEES

I/we, the undersigned hereby authorize the Bank to conduct a search on us at the Corporate Affairs Commission as part of the conditions to open this account and debit our account accordingly for the fees. I/we agree that the Bank may allow the operation of the account pending the outcome of the search and that the Bank may close the account if the outcome of the search is unsatisfactory. I/we hereby undertake to indemnify and keep the Bank indemnified against all losses, claims, demands, liabilities, actions, damages and proceedings which may be suffered by the Bank in consequence of opening and allowing operation of the account pending the outcome of the search. This indemnity shall be continuing and shall not be withdrawn by us until the search has been concluded.

LETTER OF SET-OFF

I/We agree that you (in addition to any general lien or similar right to which you my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with all liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any my/our liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

RESOLUTIONS (For Limited Liability Company Only)

At the meeting of the Board of Directors/Trustees of _____, it was resolved as follows:

1. That Union Bank of Nigeria Plc (hereinafter referred to as “the Bank”) be and is hereby appointed Banker to the Company.

2. That the Bank be furnished the list of the names of Directors, Secretary and other officers of the Company and that the Bank be informed, from time to time in writing of any changes.

3. That the Bank is authorized to debit the Company's account(s) with usual Bank charges, interests, commissions and such other charges.

4. That the Bank is instructed to pay and honor all cheques, drafts or orders issued by the Company on the banking account/accounts in the name of the Company, and all bills and promissory notes payable at the said Bank and expressed to be accepted or made on behalf of the Company at any time, provided the account/accounts is/are sufficiently funded to accommodate instrument.

5. That the Bank be instructed to discount and negotiate bills or other commercial papers for this company provided that they have been duly endorsed on its behalf by the authorized signatories.

6. That the Bank be instructed to act on any instructions given on behalf of this company for or to any business requiring foreign exchange including but not limited to:

a) The purchase or sale of foreign exchange.

b) The opening from time to time of documentary letters of credit to the intent that this shall not be a general authority but shall require specific instructions.

c) The signing and obtaining of delivery of merchandise against Trust Receipts.

7. That the authorized signatories as stated in the Column below are hereby authorized on behalf of the Company to:

a) Borrow money and obtain credit for the Company from the Bank on any terms and make and deliver notes, drafts, acceptances, and instruments of guarantee, agreements and any other obligations of the Company thereof in a form of satisfactory to the Bank.

b) Grant security interest in and/or pledge, assign and deliver, as security for money borrowed or credit obtained, stocks, bonds, bills receivable, accounts, mortgages, merchandise, bills of lading, warehouse receipts, and other documents, insurance policy, certificates, and other property now or hereafter held by or belonging to the Company, with full authority to endorse, assign or guarantee any of the same in the name of the Bank.

c) Discount any bills receivable or any payment held by the Company with full authority to endorse same in the name of the Bank.

d) Withdraw from the Bank to purchase or sell for the account of the Company stocks, bonds, and other securities.

e) Request the Bank to purchase or sell for the account of the Company, stocks, bonds, and other securities.

f) Execute and deliver all security and other agreements, financial statements and other paper required by the Bank in connection with any of the foregoing matters and affix to them the seal of the Company, where necessary.

8. That the Bank be promptly notified in writing by the Company Secretary or any other officer of the Company of any resolution which changes these restrictions. Such notice shall be given to each branch of the Bank in which any account of the Company may be maintained and until the Bank has actually received such notice in writing, it is authorized to act in pursuance of these resolutions. Until the Bank has actually received such notice and sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means as it may deem to be appropriate, to notify such of its department, offices, branches and correspondent as the Bank may deem to be concerned thereby, it shall be indemnified and held harmless from any loss suffered or liability incurred by in continuing to act in pursuance of these resolutions, though these resolutions may have been changed.

9. That any and all withdrawals and borrowing of money and/or other transactions carried out on behalf of the company with the Bank are hereby ratified, confirmed and approved, and that the Bank may rely upon the authority conferred by this resolution until receipt by it of a certified copy of a resolution of the Board revoking or modifying the same.

10. That the Bank may initiate, roll-over or reinvest on our behalf any monies standing to the credit of our account in any one securities managed by the Bank namely; Term Deposits, Treasury Bills, Banker's Acceptance or Guaranteed Commercial Papers until contrary instructions are given by the Company.

11. That where there is, to the knowledge of the Bank, any dispute between officers and directors of the Company mandated to operate the account, the Bank may at its discretion stop further transactions on the account without any liability whatsoever until the dispute is satisfactorily resolved.

DATA PROTECTION NOTICE

Union Bank of Nigeria Plc ("the Bank") will process the above data, along with any other data you subsequently give us, in terms of the Nigeria Data Protection Act (NDPA) 2023. The data will be used to give you statements and provide the Bank's products and services to you; for internal assessment and analysis; for the detection and prevention of fraud and other criminal activities which the Bank is under legal obligation to report; to develop and improve the Bank's services; for direct marketing, such as to inform you, by mail, telephone, e-mail or other electronic means, about other product and services provided by the Bank, the Bank's affiliate or merchant partners in order to improve your overall customer experience and for research purposes.

For more information, please read our Privacy Notice on our website. Please note that your personal data may be disclosed to, exchanged with, or processed by employees of the Bank. You have the right to be informed by the Bank, at your request, about the personal data held by the Bank about you that is processed and to request to correct such information where necessary. Should the data you provided to the Bank change, the Bank must be informed without undue delay. You also have the right to withdraw your consent on the processing of your personal information.

I/We hereby consent to the processing of my/our Personal Data (within or outside Nigeria), including transfer of my/our Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above.

***Please Note:** Union bank will never call you to ask for your personal information; BVN, NIN, Date of Birth, Passwords or ATM card details (the numbers in front and at the back of your card)

Disclaimer: If a breach is associated with the operation of your account/wallets, you agree that we have the right to apply restrictions to your account/wallet and report to appropriate law enforcement agencies in line with extant laws.

DECLARATION

I hereby apply for the opening of an account with Union Bank of Nigeria Plc. I have read the terms and conditions governing the account and those relating to various products and services that I have requested for, as stated on the Bank's website www.unionbankng.com/terms-and-conditions, and I agree to be bound by them. I also indemnify the Bank fully for acting on all email instructions issued from the email address provided.

I/ We confirm that the information given by me/us is true and accurate. I also confirm that I have read and I understand the clauses on pages 6-7 and I agree to be bound by them.

Director/Secretary (Name & Signature)

Director/Secretary (Name & Signature)

D

D

M

M

Y

Y

Y

Y

D

D

M

M

Y

Y

Y

Y

Date

Company Seal

Date

FOR OFFICIAL USE ONLY

AUTHENTICATION OF POLITICALLY EXPOSED PERSONS

IS THE OWNER(S) OF THE BUSINESS A POLITICALLY EXPOSED PERSON(S)?	YES	NO		
IS ANY OF THE DIRECTORS OF THE BUSINESS A POLITICALLY EXPOSED PERSON?	YES	NO		

If yes, please provide details

Identify the customers risk category

Low

Medium

High

ACCOUNT CODES

DEBIT CARD TYPE

VERVE

MASTERCARD

RM CODE

INTRODUCER CODE

REFERRAL CODE

SEGMENT CODE

ALPHER CODE
(If Applicable)

CUSTOMER IC NO

FOR alpHER BUSINESSES (Tick appropriate business category below)

WOMEN - OWNED BUSINESS

WOMEN - LED BUSINESS

WOMEN - SUPPORTING BUSINESS

REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
	COMPANY REQUIREMENTS				
1	Account opening form duly completed				
2	Copy of CAC Certificate and				
	o Form C07 (Particulars of Directors)				
	o Form C02 (Allotment of Shares)				
	o Copy of Application for Registration of Business Name (for registered business names only)				
3	Board Resolution				
4	Letter of Introduction (Business Name Only)				
5	Resolution to open account (Partnership, Association, Clubs etc.)				
6	Copy of Memorandum and Article of Association				
7	Copy of the Constitution, Rules and / or Regulations (Association etc.)				
8	Partnership Deeds (If applicable)				
9	Search report				
10	SCUML certificate (If applicable)				
11	Proof of Address : Utility Bills etc.				
12	Two (2) satisfactory references				
13	Partnership Deeds (If applicable)				
14	Approval Letter (for Government Agency) (if applicable)				
15	Act/Gazette (for Government Agency)(if applicable)				
16	Address Verification Certificate				
17	Audited Financial Statements (If applicable)				
18	Tax Identification Number				
19	US Employer Identification Number (for US Related Entities) (EIN)				
20	Union 360 Form (Mandatory)				
	Regulatory approval (if applicable)				
	SIGNATORY REQUIREMENTS				
21	Two (2) passport sized photographs of each signatories				
22	Valid ID Cards of signatories				
23	Valid ID Cards of Directors (If different from signatories)				
24	Valid ID Cards of Shareholders with 5% share and above (If different from signatories)				
25	Proof of Address of Directors (BDCs & MFBs)				
26	Proof of Address of shareholders with 5% and above shareholding (BDCs & MFBs)				
27	BVN of all Signatories				
28	BVN of all Directors (If different from Signatories)				

ACCOUNT OPENED BY

NAME _____

DATE

D

D

M

M

Y

Y

 SIGNATURE _____

ACCOUNT AUTHORIZED BY

NAME _____

DATE

D

D

M

M

Y

Y

 SIGNATURE _____