

APPLICATION TO OPEN AN ACCOUNT

JOINT, PARTNERSHIP AND MINORS

TO: ECOBANK
(INDICATE COUNTRY NAME)

FOR BANK USE ONLY
ACCOUNT N°:

PLEASE READ CAREFULLY AND COMPLETE ALL RELEVANT SECTIONS. SHOULD YOU HAVE ANY QUESTIONS A MEMBER OF STAFF WILL BE HAPPY TO ASSIST YOU.
(PLEASE COMPLETE IN BLOCK CAPITALS AND TICK WHERE NECESSARY)

ACCOUNT SPECIFICATIONS	
NAME OF ACCOUNT:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> JOINT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> MINOR
TYPE OF ACCOUNT:	<input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER (PLEASE STATE) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CURRENCY OF ACCOUNT:	<input type="checkbox"/> LOCAL CURRENCY <input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PURPOSE OF ACCOUNT:	<input type="checkbox"/> SALARY <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
REGISTRATION N° (IF APPLICABLE):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESIDENTIAL STATUS:	<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT

FIRST ACCOUNT HOLDER / GUARDIAN	SECOND ACCOUNT HOLDER / MINOR
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PERSONAL DETAILS

TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> DR. <input type="checkbox"/> PROF. <input type="checkbox"/> OTHER	TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> DR. <input type="checkbox"/> PROF. <input type="checkbox"/> OTHER
SURNAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SURNAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FIRST NAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FIRST NAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OTHER NAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OTHER NAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MAIDEN NAME: (IF APPLICABLE) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MAIDEN NAME: (IF APPLICABLE) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

FORM OF IDENTIFICATION: <input type="checkbox"/> PASSPORT <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ID N°: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ISSUE DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EXPIRY DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SOCIAL SECURITY N° (IF APPLICABLE): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TAX PAYER N° (IF APPLICABLE): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CUSTOMER PHOTO	FORM OF IDENTIFICATION: <input type="checkbox"/> PASSPORT <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ID N°: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ISSUE DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EXPIRY DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SOCIAL SECURITY N° (IF APPLICABLE): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TAX PAYER N° (IF APPLICABLE): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CUSTOMER PHOTO
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OCCUPATION: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCCUPATION: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EMPLOYER'S NAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EMPLOYER'S NAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EMPLOYER'S ADDRESS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EMPLOYER'S ADDRESS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PERSONAL DETAILS (CONTINUED)

RESIDENTIAL STATUS: RESIDENT
 NON-RESIDENT

RESIDENT PERMIT N°:

PERMIT VALIDITY: ISSUE DATE:
 EXPIRY DATE:

GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED
 DIVORCED WIDOWED

DATE OF BIRTH:

PLACE OF BIRTH:

NATIONALITY:

MOTHER'S MAIDEN NAME:

MOTHER'S FIRST NAME:

SPOUSE'S SURNAME:
 (IF APPLICABLE)

SPOUSE'S OTHER NAME:
 (IF APPLICABLE)

RESIDENTIAL STATUS: RESIDENT
 NON-RESIDENT

RESIDENT PERMIT N°:

PERMIT VALIDITY: ISSUE DATE:
 EXPIRY DATE:

GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED
 DIVORCED WIDOWED

DATE OF BIRTH:

PLACE OF BIRTH:

NATIONALITY:

MOTHER'S MAIDEN NAME:

MOTHER'S FIRST NAME:

SPOUSE'S SURNAME:
 (IF APPLICABLE)

SPOUSE'S OTHER NAME:
 (IF APPLICABLE)

APPLICANTS' DETAILS FOR CORRESPONDENCE

RESIDENTIAL ADDRESS:

 TOWN:
 CITY:
 COUNTRY:

POSTAL ADDRESS:

EMAIL:

TEL N°:

MOBILE N°:

FAX N°:

RESIDENTIAL ADDRESS:

 TOWN:
 CITY:
 COUNTRY:

POSTAL ADDRESS:

EMAIL:

TEL N°:

MOBILE N°:

FAX N°:

APPLICANTS' OTHER DETAILS

NEXT OF KIN:
 NAME:
 ADDRESS:

 RELATIONSHIP:
 TEL N°:
 EMAIL:

NEXT OF KIN:
 NAME:
 ADDRESS:

 RELATIONSHIP:
 TEL N°:
 EMAIL:

APPLICANT'S OTHER DETAILS (CONTINUED)

I HEREBY APPLY FOR THE FOLLOWING SERVICES:
 (IF YOU DO NOT WISH TO HAVE SOME OF THESE SERVICES, PLEASE TICK THEM. A SEPARATE FORM MAY BE REQUIRED FOR SOME OF THE SERVICES.)

- INTERNET BANKING DEBIT CARD
- SMS-ALERT CHEQUE BOOK
- E-STATEMENT STANDING ORDER
- E-ALERT

I HEREBY APPLY FOR THE FOLLOWING SERVICES:
 (IF YOU DO NOT WISH TO HAVE SOME OF THESE SERVICES, PLEASE TICK THEM. A SEPARATE FORM MAY BE REQUIRED FOR SOME OF THE SERVICES.)

- INTERNET BANKING DEBIT CARD
- SMS-ALERT CHEQUE BOOK
- E-STATEMENT STANDING ORDER
- E-ALERT

DISPATCH MODE FOR CORRESPONDENCE AND STATEMENTS: POST HOLD SPECIAL DELIVERY (OFFERED AT EXTRA COST)

STATEMENT FREQUENCY: MONTHLY QUARTERLY OTHER (PLEASE INDICATE)

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DO YOU HAVE ANY OTHER ACCOUNT WITH ECOBANK: YES NO

DO YOU BANK ELSEWHERE? YES NO

PLEASE LIST YOUR OTHER BANKS (IF APPLICABLE):
 NAME OF BANK:

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DO YOU HAVE A CREDIT FACILITY: YES NO

NAME OF BANK:

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DO YOU HAVE A CREDIT FACILITY: YES NO

DO YOU HAVE ANY OTHER ACCOUNT WITH ECOBANK: YES NO

DO YOU BANK ELSEWHERE? YES NO

PLEASE LIST YOUR OTHER BANKS (IF APPLICABLE):
 NAME OF BANK:

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DO YOU HAVE A CREDIT FACILITY: YES NO

NAME OF BANK:

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DO YOU HAVE A CREDIT FACILITY: YES NO

REFERENCES / INTRODUCERS

NAME:

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ADDRESS:

NAME:

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ADDRESS:

INITIAL DEPOSIT

PAYMENT METHOD: CASH CHEQUE TRANSFER **AMOUNT:**

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You must ensure that your cheque book is kept in a safe place to prevent unauthorized persons from gaining access to same as failure to do this, may be a ground for any consequential loss being charged to your account.

If your cheque book gets lost, missing or stolen you must notify the Bank immediately. The Bank shall not be held liable for any unauthorized use of your cheque book where the loss or otherwise of same was not reported immediately.

Ecobank may supply checks, payments instruments and related materials to the Customer and the Customer will make reasonable efforts to avoid any fraud, loss, theft, misuse or dishonor in respect of them. The Customer will promptly notify Ecobank in writing of the loss or theft of any check or payment instrument and will return to Ecobank or destroy any unused checks, payment instruments and related materials when the relevant Account is closed.

E. OVERDRAWN ACCOUNTS

Overdraft may be available to customers upon arrangement with the Bank. If you do not have such arrangement, the Bank may in its discretion, nonetheless honour a cheque even though such account may become overdrawn in consequence. In such a case, the Customer agrees to repay the overdraft within 7 days, and bear the extra fee and interest at our current rate for unauthorized borrowing for the period that the account remains in debit. If your account does not have enough cleared funds to cover an amount you want to draw, we reserve the right to return your cheque unpaid.

The Bank reserves the right to use credit balances on your current account (s) to offset any outstanding exposures on any of your accounts.

F. STATEMENTS AND ADVICES

Statements and Advices can be delivered to the Customer either physically, by post or electronically (e-Statements or e-Alerts).

Where requested, the Bank may provide electronic Statements or SMS-Alerts or other similar service to provide information on transactions. The service is provided 'as available' and without any warranty of fitness for a specific purpose. We do not warrant that this service will always be uninterrupted, or that any information provided is accurate and current as at the time it is received. The Bank disclaims responsibility for the service provided by any network provider.

Irrespective of the channel used to deliver the statement or advice, the Customer will notify Ecobank in writing of anything incorrect in a statement or advice promptly and in any case within thirty (30) days from the date on which the statement or advice is sent to the Customer.

G. INTEREST, FEES AND OTHER AMOUNTS

You will be liable for the payment of interest charges at the rate fixed by the Bank from time to time for any outstanding debit on your current account. Your current account may also be debited for the Bank's usual banking charges, interest, commission, etc.

Unless otherwise agreed, Ecobank may modify at any time the rate of interest, fees or other amount applicable to any Account or Service (but subject to any legal requirement as to notice).

H. FORCE MAJEURE

Neither the Customer nor Ecobank will be responsible for any failure to perform any of its obligations with respect to any Account if such performance would result in it being in breach of any law, regulation or other requirement of any government or other authority in accordance with which it is required to act or if its performance is prevented, hindered or delayed by a Force Majeure Event; in such case its obligations will be suspended, for so long as the force Majeure Event continues (and, in the case of Ecobank, no other representative office or affiliate shall become liable). "Force Majeure Event" means any event due to any cause beyond the reasonable control of the relevant party, such as restrictions on convertibility or transferability, requisition, involuntary transfers, unavailability of any system, sabotage, fire, flood, explosion, acts of God, civil commotion, strikes or industrial action of any kind, riots, insurrection, war or acts of government.

I. SHARING OF INFORMATION

Ecobank will treat information relating to the Customer as confidential, but (unless consent is prohibited by law) the Customer consents to the transfer and disclosure by Ecobank of any information relating to the Customer to and between the representative offices, affiliates and agents of Ecobank and third parties selected by any of them, whenever situated, for confidential use (including in connection with the provision of any Service and for data processing, statistical and risk analysis purposes).

Ecobank and any representative office, affiliate, agent or third party may transfer and disclose any such information as required by any law, court, regulator or legal process.

J. ELECTRONIC MONITORING OR RECORDING

The Customer and Ecobank consent to telephonic or electronic monitoring or recording for security and quality of service purposes and agree that either may produce telephonic recording or computer records as evidence in any proceedings brought in connection with these conditions or any local conditions.

K. CHANGE OF MANDATE

The customer must notify the Bank immediately of any change in the address, directors, committee members, trustees, designated members, secretaries. Any modification of change in authorized signatories must be signed in accordance with the existing mandate and accompanied by a resolution to that effect.

L. TERMINATION

Either party may terminate this agreement at any time (but subject to any legal requirement as to notice) by notifying the other in writing.

On closure of an Account, the termination becomes effective after any cheque drawn on the account or outstanding on it have been paid; all cheque books and cards issued to you have been sent back to the Bank; and all information and equipments supplied by Ecobank have been returned to the Bank.

Where the Bank is terminating the agreement and your account is overdrawn, you must pay all sums outstanding on the account otherwise the Bank may take appropriate legal action for recovery.

All mandatory documentation should be completed by the Customer within three (3) months of opening the account. If you do not provide the required document within three (3) months, the account will be automatically closed after prior notice to you.

M. JURISDICTION

In relation to any account these conditions and the relevant Local Conditions are governed by the law of the country or territory in which that account is held.

N. DISCLAIMER CLAUSE

The bank disclaims liability for any funds / assets deposited by you which are subsequently found to have derived from illegal source or activities.

You confirm that the funds / assets deposited are not derived from any illegal source or activities.

FOR BANK USE ONLY

ACCOUNT OFFICER:																										
INITIATOR CODE:																										
BUSINESS UNIT:																										
SUBSIC CODE:																										
ACCOUNT OPENING DATE:	D	D	M	M	Y	Y	Y	Y	SIGNATURE VERIFICATION:																	
MANDATE / POWER OF ATTORNEY:									DEFERRED DOCUMENTATION:																	
DEFERRED PERIOD:									C.S.U.:									B.M.:								