

RC: 46713



CLIENT ACTIVATION FORM

New Modify Delete

SECTION 1: COMPANY PROFILE

COMPANY NAME : _____

COMPANY ADDRESS _____

RC NUMBER: _____ TELEPHONE NUMBER: _____

SECTION 2: ACCOUNT NUMBERS

S/N	ACCOUNT NUMBER	BANK NAME	BANK BRANCH	ACCOUNT TYPE	OTHERS
1					
2					
3					
4					
5					
6					

** Please state the default Collections Pool Account _____

SECTION 3: AUTHORISED USERS - TRANSACTION INITIATION & REPORT

SN	Full Name (BLOCK LETTERS) and PHONE NUMBER	Email Address (Please use one character in CAPITAL LETTERS per box)	Initiate	Authorizer 1	Authorizer 2	Authorizer 3	Authorizer 4	Authorizer 5	Authorizer 6	Authorizer 7	Authorizer 8
1											
2											
3											
4											
5											
6											
7											

Kindly state any unique account mandate or signing instruction & amount limits for Authorizers _____

CLIENT ACTIVATION FORM



By using FCMB Fast Pay Services we agree:

1. That payment instructions to FCMB by cheques, or any channel other than FCMB Fast Pay, will continue to be subjected to all our current mandate instructions and confirmation rules with FCMB.
2. To indemnify the bank of any loss arising from transactions initiated and/or approved by persons created by our authorized Admin User on FCMB Fast Pay.
3. To ensure appropriate signatories are setup on FCMB Fast Pay to approve remittance instructions in accordance with our internal approval rules, we understand that these approval rules will be applied to all our remittance instructions. These instructions will not be subjected to additional telephone, e-mail or any other manual confirmation by the bank before our accounts are debited and the transactions executed by FCMB Fast Pay via ChamsSwitch, eTranzact, InterSwitch or RTGS. I/We acknowledge that my/our use of the service(s) required will be governed by the relevant terms and conditions applicable to such service(s) as indicate in this form. I/We hereby certify that the information provided above is true and accurate at all times and that we will notify you of the inaccuracy of such information and forthwith provide to you the up-to-date information. I/We acknowledge that my use of this platform service(s) will be governed by the terms and conditions of the Master Client Access Agreement and any other related documentation. I/We confirm that we have read, understood and agree to be bound by the Master Client Access Agreement including, without limitation, the various indemnities provided thereunder. I/We hereby acknowledge that the Bank reserve the sole right to vary or modify the terms, conditions and content of this form at anytime with or without notice to us/me and we agree to be bound by such amendment(s) and or modification(s) to this form.

Authorised Signature, Company Stamp and Date

Authorised Signature, Company Stamp and Date

Name & Title

Name and Title

FOR BANK USE ONLY

SECTION 4: SIGNATURE VERIFICATION

SIGNATURE VERIFIED BY :

CSO NAME : _____ STAFF ID : _____ DATE: _____

ACCOUNT OFFICER CODE _____

INFORMATION VERIFIED BY: _____

BUSINESS AND TRANSACTION BANKING SIGN-OFF

BUSINESS DEVELOPMENT MANAGER _____ CONTACT NUMBER _____

RELATIONSHIP MANAGER _____ CONTACT NUMBER _____

TB - CLIENT ACCESS MANAGER _____ CONTACT NUMBER _____

TB - HEAD WHOLESALE CHANNELS _____ SIGNATURE _____

SECTION 5: CUSTOMER PAN SET-UP AND CREATION

PRODUCT I I N	CBN CODE	ACCOUNT ID + CHECK DIGIT (Specified	DATE	ACCOUNT TYPE
6 - 2 - 8 - 0 - 5 - 1 - 1 - 2				

DAILY WITHDRAWAL LIMIT _____ CARD SEQUENCE NUMBER _____

PAN GENERATED BY (IT GROUP) _____ SIGNATURE _____

CLIENT CREATED BY (AMU) _____ SIGNATURE _____

GROUP ID _____

REMARKS _____