



- CORPORATE ACCOUNT
- ASSOCIATION ACCOUNT
- SOLE PROPRIETORSHIP ACCOUNT

Name of Company _____

Company RC No. and Date of incorporation _____

Registered office address: _____

Tax I.D No. _____

Mailing/correspondence address if different from above _____

Tel _____ Fax _____ E-mail _____

Type of Business _____

Related Companies _____

Senior Management of the Company, Titles and Personal Identification

Phone Numbers _____

BVN Numbers _____

NAME	TITLE	IDENTIFICATION	PHONE NUMBER	BVN NUMBER

Account with other Banks

NAME OF BANK	ADDRESS OF BANK/BRANCH	ACCOUNT NAME AND NUMBER	BVN NUMBER

References

NAME AND ADDRESS	BUSINESS/OCCUPATION	BANKER/ACCOUNT NO	BVN NUMBER	TYPE OF ACCOUNT

Kindly open a Current/Deposit account for us with your branch

Thank you.

Yours Faithfully

Name _____ Signature _____

Designation _____

AT THE MEETING OF THE BOARD OF DIRECTORS HELD AT

On the _____ day of _____ 20 _____

it was duly resolved

1. The MAINSTREET Microfinance Limited (hereinafter called the Bank) be and is hereby designated banker to this Company
2. That the bank is instructed to pay and honour all cheques, drafts of orders issued by us on behalf of this Company on the Banking account/accounts in the name of the Company, and a bills and promissory notes payable at the said Bank and expressed to be accepted or made on behalf of this Company at any time, provided the accounts is in Sufficient funds to accommodate the instrument.
3. That if for any reason the bank authorizes the payment of our cheques, drafts or orders when at the material time the account does not have sufficient funds to accommodate the value of such instrument, (and our said account is thereby thrown into debit or we agree that an overdraft position is hereby created. Any Sum or sums standing to the debit of our account as a result of this overdraft position shall automatically be liable to interest charges at the rate fixed by the Bank from time to time. You are authorized to debit the account with your usual bank charges, interest, commission etc.
4. That as regards Cheques, Bill and Promissory Notes expressed to be endorsed on behalf of this Company, the Bank be instructed to treat such cheques, Bill and Promissory Notes as having been duly endorsed on behalf of this Company
5. That Until the bank receives any written notice by way of the Company's resolution to the contrary, the Bank be instructed to honour signature(s) appearing here under for all purpose on the Company's as mandate.

Name _____

Authorised Signatory _____ Designation _____

Name _____

Authorised Signatory _____ Designation _____

Name _____

Authorised Signatory _____ Designation _____

Name _____

Authorised Signatory _____ Designation _____

6. We agree to accept as due notification notice of change in conditions governing the account directed to our last known address and to be bound by such change.
7. That the Bank will accept no liability whatsoever for funds handed to members of staff outside banking Hours or outside the bank's premises.
8. That the Bank be furnished with the list of the names of Directors, secretary and other officers of this company and that the said Bank be from time to time informed in writing of any change, which may take place in them

9. We agree that any disagreement with entries in our bank statement will be made by us within 15 days of the dispatch of the bank statement. Failing receipt by the bank of a notice of entries within 15 days from the date of dispatch of our bank statement, it will be assumed by the bank that the statement as rendered is correct.

10. We agree that the Bank may at its discretion close our account in the event that it is dissatisfied in any way with operation thereof

11. We agree that in addition to any other general lien of similar right which you as a Banker may be entitled by law you may at any time and without notice to us combine or consolidate all or any four accounts with and liabilities to you and set off or transfer any sum of sums standing to the credit of any one or more of such accounts or any credit be it cash, cheques, valuable deposit, securities, negotiable instrument or other assets belonging to us with you in or toward satisfaction or any of our liabilities to you on other accounts or in any respect whether such liabilities be actual, contingent, primary or collateral and several or joint

Signed by us, the same having previously been entered in the minute Book, and signed therein by the Chairman.

Dated this _____ day of _____ 20 _____

Chairman _____ Secretary _____

The common seal of the within named Company _____

Was here unto affixed in the presence of _____

Chairman /Director _____

Director/Secretary _____



ADDENDUM

ACCOUNT NUMBER _____

TITLE _____ SURNAME _____

FIRST NAME _____

MOTHER'S MAIDEN NAMES _____

ADDRESS (Not P.O. BOX) _____

CITY _____ STATE _____

COUNTRY _____ DATE OF BIRTH _____

TELEPHONE _____

EMAIL ADDRESS _____

IDENTIFICATION DOCUMENT

Driver's License

National Identity Card

International Passport

ISSUER _____

NUMBER _____ EXPIRE DATE _____

COUNTRY OF RESIDENCE _____

OCCUPATION (e.g Taxi Driver) _____

NATIONALITY _____

IF NATIONALITY IS NOT NIGERIAN: _____

DATE OF ARRIVAL _____ PASSPORT NO. _____

PASSPORT ISSUE DATE _____ EXPIRY DATE _____

VISA NUMBER _____

PERMIT NUMBER _____

PERMIT VALID FROM _____ PERMIT VALID TO _____

BUSINESS ACCOUNT (Leave blank if same as above):

Name of Business _____

Type of Business _____

Incorporation Number _____ (DD/MM/YYYY)

Business Address _____

Street Address 1 _____

Street Address 2 _____

City _____

State _____

Zip _____ Country _____

REQUIREMENTS FOR OPENING A CORPORATE ACCOUNT CHECK LIST

- 1** Complete all relevant portions of the account opening application form,
- 2** Complete the enclosed signature cards Stating whether you are the Sole Signatory or the proper Combination of Signatories,
- 3** Insert your company name on the two reference forms endorsed and get companies who currently maintain current accounts with any bank in Nigeria to act as referees.
- 4** Supply the under listed documents along with completed application package,
Please bring along the original documents for signature
 - Original Copy of Certificate of Incorporation of your company,
 - Certified True Copy of Memorandum and Articles of Association.
 - Certified True copy of form C07 (particulars of Directors)
 - Two passport photographs of each signatory to the account.
 - Resident permit for foreign citizens
 - Identification document for signatories to the Account
e.g International passport Drivers licence or National I.D. Card.
 - A copy each of 2 months current utility bills, original to be sighted.
- 5** Mandate and Resolution in the package is to be signed by the Director and Secretary with the company Seal

DOCUMENTATION REQUIRED FOR OPENING A SOLE PROPRIETORSHIP ACCOUNT

- 1** Sole proprietorship Account form duly completed,
- 2** Specimen signature and duly completed
- 3** Two (2) recent passport-size photographs.
- 4** Copy of certificate of business.
- 5** Two (2) independent and satisfactory references, Referees must not be a staff of MAINSTREET MICRO FINANCE BANK Ltd.
- 6** Copy of evidence of identification e.g International passport, Driver's license or recognized organization identification card (original to be sighted)
- 7** Audited report and account (optional)
- 8** Address verification document e.g. PHCN bill, Nitel bill, certified copy is acceptable if original is not held

DOCUMENTATION REQUIRED FOR OPENING AN ASSOCIATION ACCOUNT

- 1** Association account form duly completed.
- 2** Minutes of the meeting authorizing opening of the account
- 3** Specimen signature card duly completed and signed by all signatories to the account
- 4** Copy of certificate of registration
- 5** Copy of the association constitution
- 6** Trust instrument e.g trust Deed, Grant of Probate etc, for Trust Account only.
- 7** Two (2) passport size photograph of each signatory to the account with name written on the reverse side
- 8** Introduction letter and two(2) Passport size photographs of contact person or authored agent.
- 9** Status Report from other Bankers (where applicable)
- 10** Two (2) independent and satisfactory Association references.
- 11** Proof of Association address Evidence of identification e.g International Passport. Driver's Licence or National
- 12** I D Card (Original to be sighted) on all signatories, where a signatory is unable to produce above identification he/she must get a referee who should provided the equired identification
- 13** Residential Permit for non-Nigerian (Executive member)

ALL ORIGINAL DOCUMENTS MUST BE SIGHTED



Mainstreet MFB
... value to your world

SPECIMEN SIGNATURE CARD

RC 788565

Account Number: _____ Date: _____

Account Name: _____

Postal Address: _____

Office Address: _____

Mail Address _____

SPECIMEN A	SIGNATURE / THUMB PRINT	PHOTO
NAME		
POSITION		

SPECIMEN A	SIGNATURE / THUMB PRINT	PHOTO
NAME		
POSITION		

SPECIMEN A	SIGNATURE / THUMB PRINT	PHOTO
NAME		
POSITION		

SPECIMEN A	SIGNATURE / THUMB PRINT	PHOTO
NAME		
POSITION		

A/O SIGN	CSO SIGN	AUTHORIZED SIGN
----------	----------	-----------------

MANDATE TO ACCOUNT _____

BACKGROUND DATA:

DATE OF BIRTH:.....

OCCUPATION:.....

NATIONALITY:..... STATE OF ORIGIN:.....

LOCAL/GVT:..... HOME TOWN:.....

BVN:.....

MARITAL STATUS:.....

NAME OF SPOUSE:.....

OCCUPATION OF SPOUSE:.....

SPOUSE ADDRESS:.....

IDENTIFICATION:.....

INT.PASSPORT/DRIVERS LICENSE/NATIONAL ID/VOTERS CARD NO.:.....

DATE ISSUE AND EXPIRATION DATE:.....

COPIES OF UTILITY BILLS:.....

FOR OFFICIAL USE ONLY:

MARKET BY:..... SIGN:.....

INTERVIEWED BY:..... SIGN:.....

ACCOUNT TYPE:.....

DATE OTHER DOCUMENTS ARE EXPECTED:.....

DATE ACCOUNT OPENED:.....

ACCOUNT NUMBER:.....



KNOW YOUR CUSTOMER (KYC) UPDATE

NAME (INDIVIDUAL/COMPANY).....

PRESENT ADDRESS (LOCATION).....

.....

JOB TITLE:..... OWNER/STAFF(PLS CIRCLE ONE)

NATURE OF BUSINESS:.....

BRANCH NETWORK:.....

OFFICE PHONE NO:.....

MOBILE PHONE NO:.....

E-MAIL ADDRESS:.....

HOME ADDRESS:.....

PREFERRED ADDRESS FOR THE BANK CORRESPONDENCE:

.....

.....

SURPLIERS OF PRODUCT:.....

DISTRIBUTORS:.....

TURNOVER OF THE COMPANY:.....

SOURCES OF FUNDS:.....

CURRENT OWNERSHIP STRUCTURE:.....

POSSIBLE NEEDS: DEPOSIT/INVESTMENT PRODUCT (INDICATIVE TYPE):

.....

CREDIT FACILITIES (INDICATIVE TYPES):.....

TYPE OF ACCOUNT: CURRENT ACCOUNT/SAVINGS/OTHER(PLS INDICATE):

.....



Mainstreet MFB
... value to your world

MAINSTREET BANK MICROFINANCE BANK LIMITED CUSTOMER VISITATION REPORT

Prospective Customers Name:.....

Business Address:.....

Residential Address:.....

Date of visitation:.....

Met with:.....

Brief Description of premises (Type of Building/Stories, colour, Landmarks etc).

.....
.....
.....

Brief description on how to get there from the branch:

.....
.....
.....

Visiting officers' recommendation:.....

.....

Attestation: I hereby declare that I have carried out customer due diligence by visiting the customers' residence as stipulated by section 1.3.1.1 of the Central bank Nigeria AML/CFT compliance Manual, section 2.2.1.1.7 iii and 2.2.1.1.8a of the Mainstreet bank MFB Limited AML/CFT compliance manual on all prospective customers irrespective of the level of risk and that all the information provided in this report is accurate.

Name of visiting officer:

Signature of visiting officer:

Date of Visit:

Branch Managers' Signoff/concurrence:.....



Mainstreet MFB
... value to your world

REFERENCE FORM

CAUTION !

It is not advisable to introduce
any person not well known to you

The Manager

Mainstreet MFB LTD.

Name of Applicant. _____

Date _____

I/We wish to confirm that the above named individual/Company is well known to me and is suitable to maintain a current account with you

Applicant Signature/Date _____

REFEREE'S DETAIL

Surname _____

Middle Name _____

First Name _____

Address _____

E-mail Address _____

Business Occupation _____

Name of Bank _____

Current Account No _____

BVN NO _____

Referee's Signature/Date _____