

FIRST CITY MONUMENT BANK PLC

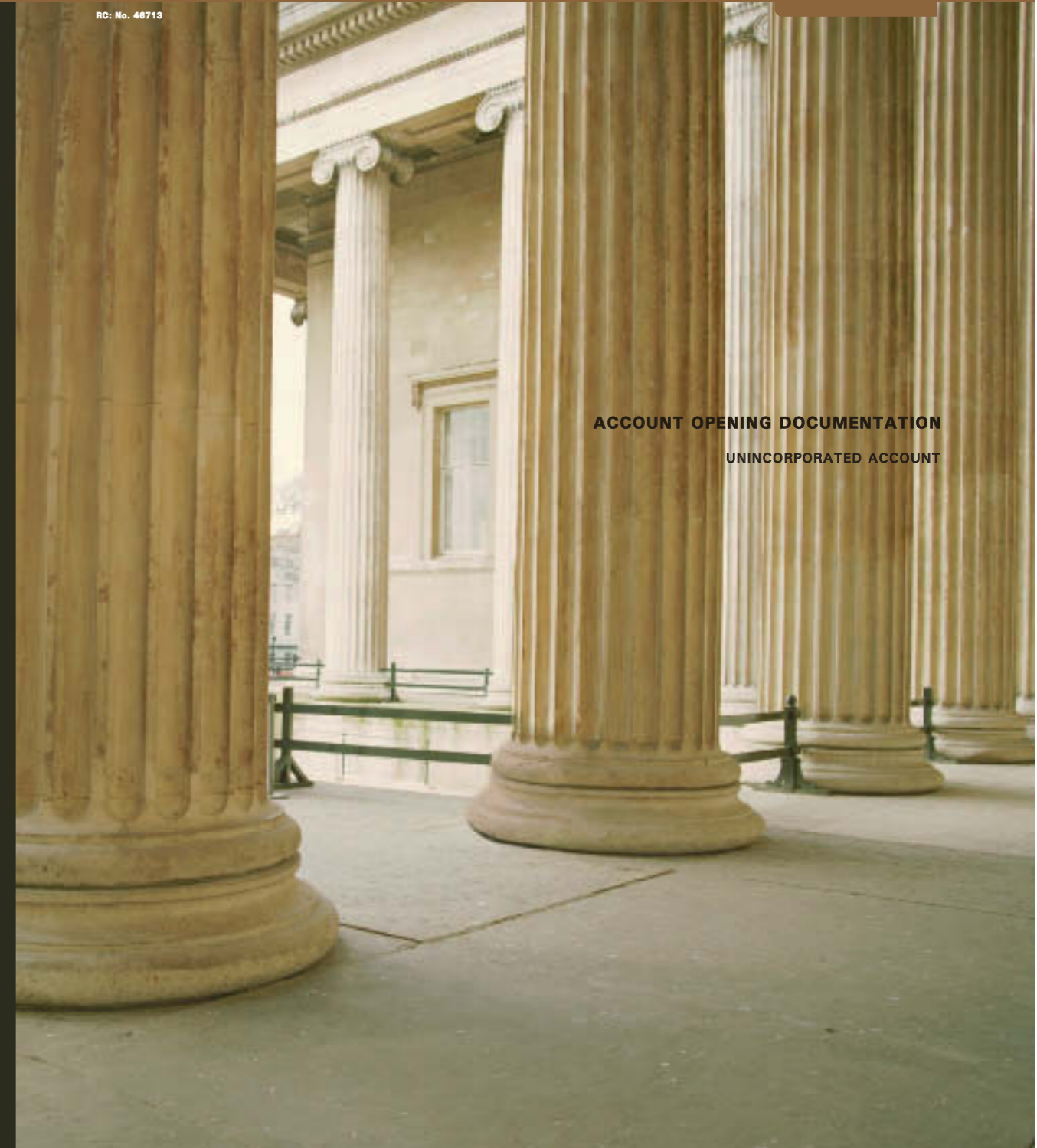
A MEMBER OF FIRST CITY GROUP

**FCMB**

RC: No. 46713

**ACCOUNT OPENING DOCUMENTATION**

UNINCORPORATED ACCOUNT



## REQUIREMENTS FOR OPENING UNINCORPORATED SOCIETIES, CLUBS, ASSOCIATIONS

1. Two(2) signature cards
2. Two(2) reference forms
3. Identification of each authorised signatory
4. Two (2) passport photographs of each of the authorised signatory stating the name behind.
5. Certified true copy of constitution
6. Authorised list of trustees or representatives
7. Certified true copy of application for registration
8. Society resolution
9. Copy of rules
10. Registration certification (if applicable)
11. Copy of residence or work permit of all foreign signatories



## APPLICATION FOR OPENING UNINCORPORATED SOCIETIES, CLUBS, ASSOCIATIONS

Name of Society/Club/Association \_\_\_\_\_

Registration Number and Date \_\_\_\_\_

Address (not postal address) \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Nature of Society/Club/Association \_\_\_\_\_

### ACCOUNTS WITH OTHER BANKS

Bank Name & Address	Account Number
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### REFERENCES

Name & Address	Business/Occupation	Banker(s)
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1. \_\_\_\_\_

2. \_\_\_\_\_

I/We request the opening of an account with you and confirm that the above are true.

Authorised signatories (one of which must be the Chairman or President)

Name	Name	Name
------	------	------

Sign	Sign	Sign
------	------	------

Date / /	Date / /	Date / /
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## LETTER OF REFERENCE

\_\_\_\_\_ 20 \_\_\_\_\_

The Manager,  
First City Monument Bank PLC

\_\_\_\_\_  
\_\_\_\_\_

Dear Sir,

Re \_\_\_\_\_

I /we understand that the above-named Society/Club/Association has applied to open a current account with your bank. I/we have known the said Society/Club/Association for \_\_\_\_\_

(state Period) and I/we comment on their means and reputation as follows

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We maintain a current account with

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

My/Our Account Number is \_\_\_\_\_

Yours faithfully,

Signature \_\_\_\_\_ Date / / \_\_\_\_\_

Name of Referee \_\_\_\_\_

(affix Company Stamp/seal, if A Corporate Body)

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





## LETTER OF REFERENCE

\_\_\_\_\_ 20 \_\_\_\_\_

The Manager,

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\_\_\_\_\_  
\_\_\_\_\_

Dear Sir,

Re \_\_\_\_\_

I /we understand that the above-named Society/Club/Association has applied to open a current account with your bank. I/we have known the said Society/Club/Association for \_\_\_\_\_

(state Period) and I/we comment on their means and reputation as follows

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We maintain a current account with

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

My/Our Account Number is \_\_\_\_\_

Yours faithfully,

Signature \_\_\_\_\_ Date / / \_\_\_\_\_

Name of Referee \_\_\_\_\_

(affix Company Stamp/seal, if A Corporate Body)

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## BANK ACCOUNT OPENING FORM (MINIMUM REQUIRED INFORMATION)

Identification (one of them is required)

National identity card number and date of issuance

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Driver licence number and date of issuance

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Valid until      /      /      (DD/MM/YYYY)

International Pasport number and date of issuance

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Valid until      /      /      (DD/MM/YYYY)

Country of issuance \_\_\_\_\_

Work/Residence permit number \_\_\_\_\_

Date of issuance \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Expiry Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)



## AUTHORISATION

### AUTHORITY TO DEBIT OUR ACCOUNT FOR CHEQUE BOOK

In consideration of FIRST CITY MONUMENT BANK PLC opening a current account on our behalf, we the authorised signatories of \_\_\_\_\_

hereby authorised FCMB to debit our account with the sum of ₦2,000.00 being the cost incurred in respect of cheque book for the above account.

**Authorised Signatory**

\_\_\_\_\_

**Authorised Signatory (Chairman)**

\_\_\_\_\_

## UNINCORPORATED SOCIETIES, CLUBS AND ASSOCIATIONS RESOLUTION

TO  
FCMB

### IT IS HEREBY RESOLVED AS FOLLOWS

"That an account be opened in the name of \_\_\_\_\_

\_\_\_\_\_

with FCMB, and that all Cheques, Acceptances and other Orders for the payment or disposal of Money or Securities, or Boxes, or other property, whether the accounts be in credit or overdrawn, be signed on behalf of the said

\_\_\_\_\_

By \_\_\_\_\_

and countersigned by \_\_\_\_\_

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

We note that the Bank will accept no liability whatsoever for funds handed to members of the staff outside banking hours or outside the Banker's premises.

Our attention has been drawn to the necessity of safe guarding our cheque book so that unauthorised persons are unable to gain access to it and the fact that neglect of this precaution may be a ground for any consequential loss being charged to our account.



## UNINCORPORATED SOCIETIES, CLUBS AND ASSOCIATIONS RESOLUTION

That a copy of this Resolution be forwarded to the Bank by the Chairman, together with specimens of signature of Officers empowered to sign”

(Full Name)	(Usual Signature) will sign
_____	will sign
_____	will sign
_____	will sign
_____	will sign
_____	will sign
Secretary	will sign.

I certify that the above Resolution was duly passed at a meeting held at

\_\_\_\_\_ and the above Signatures are correct.

I enclosed herewith a copy of the rules of the Society/Club/Association.

\_\_\_\_\_  
Chairman of the said meeting  
*Signature over ₦20 stamp*

**FOR BANK USE ONLY**

S/N	Documents Obtained	Yes	Deferred Period	Waived	N/A
1.	Signature Cards(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Reference Letters(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Identification of all signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	2 passport photographs of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Certified True Copy of Constitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Authorised List of Trustees or Representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	CTC of Application for Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Society Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Copy of Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Registration Certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Copy of Residence or work Permit of all Foreign Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Applicant(s) was/were met and interviewed by me. I recommend that a current account be opened and the bank's cheque book issued for his/her/their usage.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**ACCOUNT OFFICER**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**DOCUMENTATION CHECKED BY                      Name                      Signature                      Date**

Customer Care Officer \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DEFERRAL/WAIVER DOCUMENT AUTHORIZED BY**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**APPROVAL                      Name                      Signature                      Date**

Unit Head/Branch Manger \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Group Head \_\_\_\_\_

Legal Department \_\_\_\_\_