

RC: No. 48719

ACCOUNT OPENING DOCUMENTATION
FOREIGN CURRENCY (DOMICILIARY) ACCOUNT



APPLICATION FOR OPENING OF FOREIGN CURRENCY (DOMICILIARY) ACCOUNT

Name of individual/company _____

Mother's maiden name(individual) _____

Date of birth(individual) _____

Means of identification(individual) _____

Occupation/type of business _____

(For Corporate Body Only)

Mailing address _____

Business address/Reg. Office _____

Incorporation number _____

Date of incorporation _____

Type of business _____

Telephone number(s) _____

Source of income _____

Nationality _____

ACCOUNTS WITH OTHER BANKS (INCLUDING FCMB BRANCHES)

OPTIONAL

| Bank's name & address | Account name & number |
|-----------------------|-----------------------|
| 1 | |
| 2 | |
| 3 | |

I/We request the opening of a foreign currency (domiciliary) account with you and confirm the above are true. I/We agree to the terms and conditions on Form FCMB FCY attached to this application.

Authorised Signature

Date / /

Authorised Signature

Date / /

| |
|------------------------------------|
| (for bank use only) |
| Type of account |
| Interest rate (if applicable) |
| Approved by _____ Date / / |
| Account no |
| Date of opened |
| Examined and passed for filling by |

FORM FCMB FCY

TO: FIRST CITY MONUMENT BANK PLC
Primrose Tower
17A Tinubu Street,
P.O. Box 9117
Lagos.

Dear Sirs,

FOREIGN CURRENCY (DOMICILIARY) ACCOUNT AGREEMENT

I/We hereby request you to establish in your books a Domiciliary Account in

(currency)

hereinafter called the ("Account") and to credit to this account such currency as may from time to time be received by you for the account. To enable you to establish the account and at your options; maintain it on your books, I/We hereby agree that:

- i) Any withdrawal from the Account shall be made only on your drafts or telegraphic transfers in the currency of the Account at the request of the undersigned in writing or by authenticated cable. Any transmission or other charges related to withdrawals from the Account should be debited to my/our account under advice.
- ii) You shall have no responsibility for or liability to me/us for any depreciation in the value of funds credited to the Account (which funds may be deposited by you in your name and subject to your control with such depository(ies) as you may select) or for the unavailability of such funds due to restrictions on convertibility, requisitions, involuntary transfer, distrains of any character, exercise of military or usurped powers, or other similar causes beyond your control.
- iii) You shall not be liable for interest payment to me/us if funds are not held in your Account with your depository(ies) for a period of at least one week and the interest payable to me/us on the Account in

(Name of Currency)

shall be that agree at the time opening the Account.

- iv) You may at any time in your discretion discharge your entire liability with respect to the Account by giving to me/us the amount of credit balance in the account together with such other documents if any, as may be necessary in your sole discretion, to transfer to me/us such claim as you may have on such funds.
- v) The operation of this Domiciliary Account is subject to the laws and regulations at any time existing in the Federal Republic of Nigeria.

Full Name, Title and Address

Signature

Date / / _____

SPECIMEN SIGNATURES

| | |
|---------------|------------------|
| Name _____ | Account No _____ |
| Address _____ | |
| _____ | |

Signing instructions _____

Signature verified by _____

COMPANY SECRETARY

| | |
|--|--|
| <table border="1"><tr><td style="text-align: center;">RELATIONSHIP OFFICER'S APPROVAL AND DATE</td></tr></table> | RELATIONSHIP OFFICER'S APPROVAL AND DATE |
| RELATIONSHIP OFFICER'S APPROVAL AND DATE | |
| Name _____ | |

| Name | Designation | Specimen Signature |
|------------|-------------|--------------------|
| Category A | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| Category B | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| Category C | | |
| 9. | | |
| 10. | | |

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)