

FIRST CITY MONUMENT BANK PLC

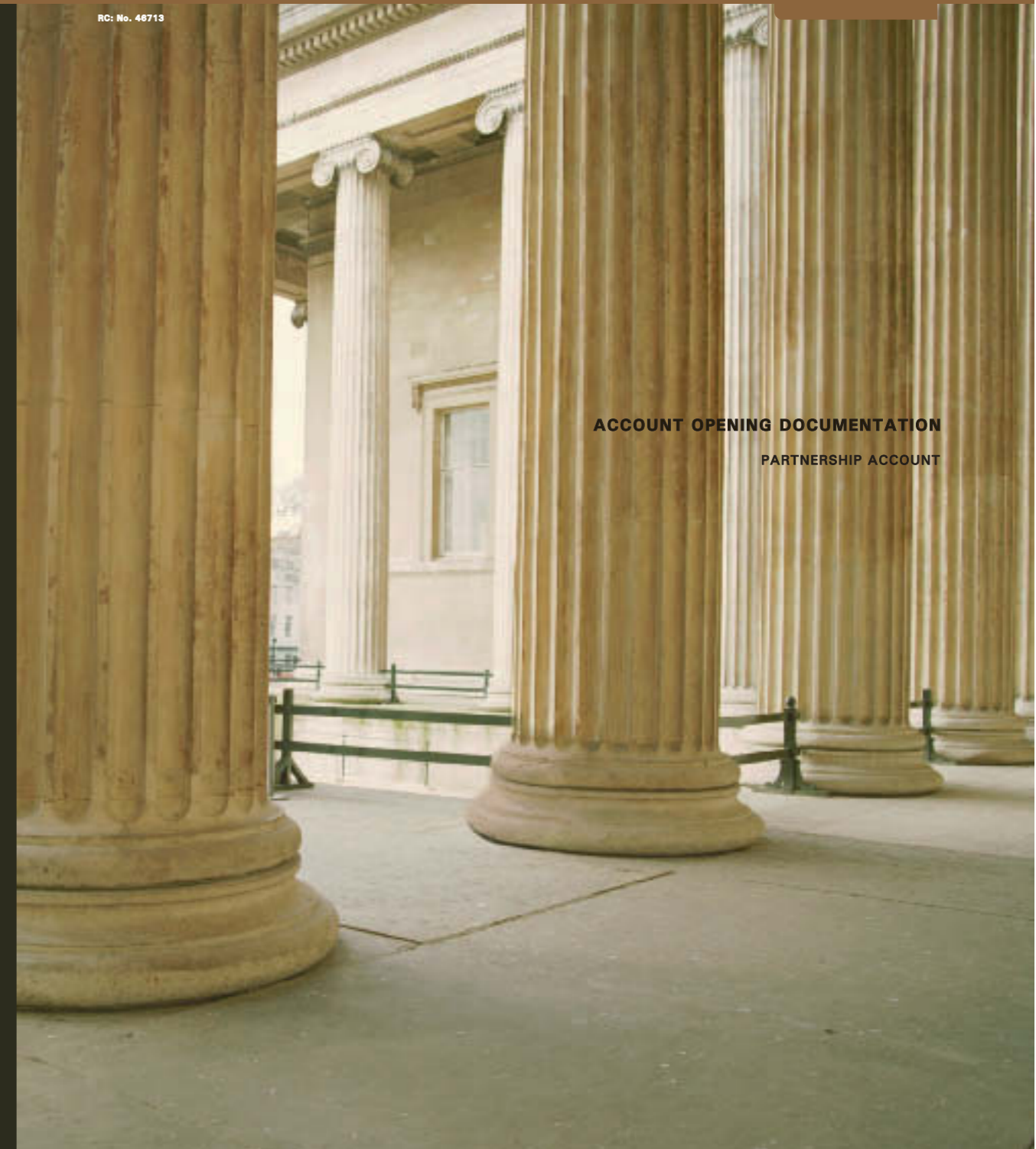
A MEMBER OF FIRST CITY GROUP

**FCMB**

RC: No. 48713

**ACCOUNT OPENING DOCUMENTATION**

PARTNERSHIP ACCOUNT



## REQUIREMENTS FOR OPENING PARTNERSHIP ACCOUNT

1. Two(2) signature cards
2. Two(2) reference letters
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 application for registration
6. Certified true copy of certificate of registration
7. Certified true copy of partnership agreement
8. Firm resolution
9. Copy of residence or work permit of all foreign signatories



## APPLICATION FOR OPENING PARTNERSHIP ACCOUNT

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

(Street and Postal) \_\_\_\_\_

Registered Office \_\_\_\_\_

Date of Incorporation \_\_\_\_\_

Type of Business \_\_\_\_\_

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

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

### OTHER BANK ACCOUNTS (SPECIFY BRANCH ADDRESS)

Bank Name/Address	Account Name	Number
1.		
2.		
3.		

### NAMES AND ADDRESS OF PARTNERS

Name & Address	Title	Nationality
1.		
2.		
3.		
4.		
5.		



## APPLICATION FOR OPENING PARTNERSHIP ACCOUNT

### REFERENCES (2) NAMES AND ADDRESSES

Name/Address	Business/Occupation	Bankers
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 Managing Partner) of the customer

Name	Name
Sign	Sign
Date / /	Date / /



## LETTER OF REFERENCE

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

The Manager,  
First City Monument Bank PLC

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

Dear Sir,

Re \_\_\_\_\_

I /we understand that the above-named Company/Firm/Body has applied to open a current account with your bank. I/we have known the said Company/Firm/Body 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 \_\_\_\_\_  
\_\_\_\_\_

And my/our Account Number is \_\_\_\_\_

Yours faithfully,

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

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

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

Address of Referee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PERSON PROVIDING IDENTIFICATION DETAILS

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DD/MM/YYYY

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Occupation \_\_\_\_\_

## LETTER OF REFERENCE

20

The Manager,

First City Monument Bank PLC

Dear Sir,

Re

I /we understand that the above-named Company/Firm/Body has applied to open a current account with your bank. I/we have known the said Company/Firm/Body 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

And my/our Account Number is

Yours faithfully,

Signature

Date

/ /

Name of Referee

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

Address of Referee





## AUTHORISATION

### AUTHORITY TO DEBIT MY/OUR ACCOUNT FOR CHEQUE BOOK

In consideration of FIRST CITY MONUMENT BANK PLC opening a current account on my/our behalf, I/we the authorised signatory/signatories of \_\_\_\_\_ hereby authorised FCMB to debit my/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)**

\_\_\_\_\_



## AUTHORISATION

### AUTHORITY TO DEBIT MY/OUR ACCOUNT FOR SEARCH REPORT

In consideration of FIRST CITY MONUMENT BANK PLC opening a current account on my/our behalf, I/we the authorised signatory/signatories of \_\_\_\_\_ hereby authorised FCMB to debit my/our account with the sum of ₦2,500.00 being the cost incurred in conducting a Search in respect of the above account.

**Authorised Signatory**

\_\_\_\_\_

**Authorised Signatory (Chairman)**

\_\_\_\_\_

## FIRM RESOLUTION

First City Monument Bank Plc

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

We the undersigned

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

being the present individual Partners in the firm of

\_\_\_\_\_

carry on business as \_\_\_\_\_

at \_\_\_\_\_

and until written notice from us to the contrary, hereby request and authorize you to honour the respective signature as under on behalf of the firm.

We also request and authorize you until any one of us shall give you notice in writing to the contrary to honour all cheques or other orders which may be drawn or bills or notes made or receipt for moneys owing by you to the firm signed by any one of us on behalf of the firm and to debi such cheques, orders, bills, notes and receipt to the firm's account with you whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit and we will be jointly and severally responsible for the repayment of any such overdraft and interest.

We further authorize you to honour the signature of any one of us shall give you notice in writing to the contrary on instruction to withdraw and deal with any of the partnership property or securities or any indemnities or counter-indemnities to the bank or instructions to open Letters of Credit or request for the granting of Credit or the guarantees by the Bank in Nigeria or elsewhere or the discounting of any bills endorsed on behalf of the firm by any one of us or request for the release of goods to the firm or instructions with regard to the purchase or sale of any securities by the firm or by any foreign exchange and we will be jointly and severally responsible for the banks of any moneys which may at any time become payable to the bank as a result thereof.

Ay securities or other property of or deposited in the name of the firm be withdrawn and moneys may be borrowed from you in the name or on behalf of the firm and may be secured in any manner upon any securities, moneys or property of or deposited in the name of the firm by any one of us and we will be jointly and severally responsible for the repayment of such moneys with interest, costs, charges and expenses.

**FIRM RESOLUTION**

Upon any partner ceasing to be a member of the firm by death or otherwise, you may, in the absence of written notice to the contrary from us or any of us or the legal personal representatives or trustees of any of us, treat the surviving or continuing partners or other partners or partner for the time being as having full power to carry on the business of the firm and to deal with its assets as freely as if there had been no change in the firm.

We note that the Bank will accept no liability whatsoever for funds handed to authorized cash officers and tellers outside banking hours or outside the Bank's premises.

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

We understand that any sum standing to the credit of this account shall bear interest at the rate by the Bank from time to time. We further understand that any sum standing to the debit of the account shall be liable to interest charges at the rate fixed by the Bank from time to time. You are authorized to debit from the account your usual banking charges, interest, commissions etc.

We agree that in addition to any 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 others assets belonging to us with you in or towards the satisfaction of any of our liabilities to you or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

We agree that the Bank may at any time with at least seven days notice close the firm's account whether it be in debit or in credit .

We further agree that any notice or letter addressed to us and send through the post at the address supplied by us shall be considered as duly delivered to and received by us at the time it would be delivered in the ordinary course of post.

This authority shall remain in force until revoked notwithstanding any change in the constitution or name of the firm and shall apply notwithstanding any change in the membership of the firm be death, bankruptcy, retirement or otherwise or the admission of any new partner or partners.

We agree to comply with and to be bound by the rules of the Bank as may force from time to time at the Bank's discretion.



## FIRM RESOLUTION

Dated this \_\_\_\_\_ Day of \_\_\_\_\_

Full Name (Managing Partner) \_\_\_\_\_

Signature \_\_\_\_\_

*Signature over #20 stamp*

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ Day of \_\_\_\_\_

Full Name \_\_\_\_\_

Signature \_\_\_\_\_

*Signature over #20 stamp*

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EVIDENCE OF SITE VISITATION** (to be completed by the account officer)

**FOR BANK USE ONLY**

Name of Company \_\_\_\_\_

Date of Incorporation        /        / \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief Description of the Company \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signed by**

Account Officer \_\_\_\_\_

Unit Head/Branch Manager \_\_\_\_\_

**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.	CTC of Application for Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	CTC of Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	CTC of Partnership Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Firm Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Evidence of Site Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	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 \_\_\_\_\_

