



Corporate Account Opening Application Form

sc.com/ng

Telephone (Mobile)

Email Address

Residential Address

Mailing Address

1D Other Bank Details (please indicate your bank account details)

	Bank/Branch Name/Country	Account Number	Account Status (Active/Dormant)
1			
2			
3			
4			

2 Which Account(s) Would You Like To Open?

<p>Account Type</p> <p><input type="checkbox"/> Current Account <input type="checkbox"/> Goldcrest Account</p> <p><input type="checkbox"/> Business Essential Account</p> <p><input type="checkbox"/> Term Deposit <input type="checkbox"/> Call <input type="checkbox"/> Others _____</p> <p style="text-align: right; font-size: small;">Please Specify</p>	<p>Currency Options</p> <p><input type="checkbox"/> NGN <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> NGN <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> NGN <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other _____</p>
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For Trade and Lending Products and Debit Cards, please fill in separate forms.

2A Account Activity Profile

Source of Fund _____

Reason and Purpose for Opening Account Investment Loan Repayment Payroll Overdraft Facility Others _____

Please Specify

Anticipated Account Activity (please tick the relevant boxes below)

Transaction Type	No. of Transactions Per Month			Total Amount (USD Equivalent) Per Month		
	<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> >50	<input type="checkbox"/> <500K	<input type="checkbox"/> 500K =<1,000K	<input type="checkbox"/> >=1,000K
Deposits	<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> >50	<input type="checkbox"/> <500K	<input type="checkbox"/> 500K =<1,000K	<input type="checkbox"/> >=1,000K
Withdrawals	<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> >50	<input type="checkbox"/> <500K	<input type="checkbox"/> 500K =<1,000K	<input type="checkbox"/> >=1,000K
Outgoing International Transfers	<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> >50	<input type="checkbox"/> <500K	<input type="checkbox"/> 500K =<1,000K	<input type="checkbox"/> >=1,000K

3 Please Consider These Valuable Services

<p>*Cheque Book Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>**S2B Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>***E-Statements Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
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*You will be required to pre confirm any cheque above a certain amount as determined by the Bank from time to time. If you would like to have specific amount for pre confirmation, please state the amount in the box provided under Section 5 (Special Instructions).

**S2B is our Internet Banking Solution for businesses which allows you to access your account statements, make payments online and customise user access, while providing signatories with the capability to authorise payments conveniently.

Kindly fill out the S2B form on page 4 of this form if you require S2B set up.

***e-Statements will be sent to your preferred email address as indicated in Section 1A of this form. We will not send physical statements unless requested below. The default frequency for sending out the e-statements on your Current Accounts and Saving Accounts will be monthly unless otherwise stated below:

*Physical statement Yes No *Frequency Monthly Quarterly

Authorised Signatory

Full Name

T I T L E F I R S T

M I D D L E L A S T

Date of Birth DD MM YY YY

Gender Male Female

Nationality

ID National ID Passport Voter's Card Driver's License

ID No.

Bank Verification No.

ID Issue Date DD MM YY YY

ID Expiry Date DD MM YY YY

Mother's Maiden Name

Occupation

Local Government Area

State of Origin

Telephone (Mobile)

Email Address

Residential Address STREET NO STREET NAME

NEAREST BUS STOP CITY

LOCAL GOVT AREA STATE

Photograph

Photograph box

Specimen Signature

Specimen Signature box

Authorised Signatory

Full Name

T I T L E F I R S T

M I D D L E L A S T

Date of Birth DD MM YY YY

Gender Male Female

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