

CORPORATE ACCOUNT OPENING APPLICATION FORM

STANDARD CHARTERED BANK NIGERIA LIMITED

“Only tellers sitting across the counter at branches are authorized to handle cash transactions. The Bank will not be liable for any loss arising from cash to unauthorized staff/persons”

Customer's Signature _____

Date:

D	D	M	M	Y	Y	Y	Y
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5 TRADE DISCLOSURE

Applicant Information

Details of Account(s)/Time Deposit

Name of Entity *(insert full legal name)* _____

Business Registration Number *(if applicable)* _____

A/C No. *(if applicable)* _____

The Trade Disclosure Form is requested from you to better understand your needs. This is also important for our due diligence obligations, an integral of our global effort to combat money laundering, terrorist financing and fraudulent activities.

5A BUYERS AND SUPPLIERS

Name of Buyers or Suppliers	Buyer / Supplier	Buyers or Suppliers' Country of Operations	Is Buyer or Supplier Related Party ¹ to you	
			Yes /	No
1. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

5B GOOD

Goods Category	Goods Description Please separate each Goods Description by comma (,)	Are Goods subject to export controls	
		Yes /	No
1. Animal and Animal Products	1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemicals and Allied Industries	2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Coffee	3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Commodities - Agricultural	4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Commodities - Energy	5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Commodities - Metal	6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Commodities - Oil Seeds and Edible Oil	7. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Commodities - Others	8. _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Commodities - Precious Metal	9. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Food	10. _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Horticulture	11. _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Machinery - Electrical - Telecommunication	12. _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Machinery and Transport Equipment	13. _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Manufactured Goods	14. _____	<input type="checkbox"/>	<input type="checkbox"/>
15. Mineral - Fuel Products	15. _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Mineral Fuels (oil Products) and Lubricants	16. _____	<input type="checkbox"/>	<input type="checkbox"/>
17. Petroleum Products	17. _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Plastic - Rubber - Leather	18. _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Raw Materials	19. _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Services	20. _____	<input type="checkbox"/>	<input type="checkbox"/>
21. Stone - Glass	21. _____	<input type="checkbox"/>	<input type="checkbox"/>
22. Tea	22. _____	<input type="checkbox"/>	<input type="checkbox"/>
23. Textiles - Textile Products	23. _____	<input type="checkbox"/>	<input type="checkbox"/>
24. Transportation	24. _____	<input type="checkbox"/>	<input type="checkbox"/>
25. Vegetable Products	25. _____	<input type="checkbox"/>	<input type="checkbox"/>
26. Wood and Wood Products	26. _____	<input type="checkbox"/>	<input type="checkbox"/>
27. Other Agricultural Produce	27. _____	<input type="checkbox"/>	<input type="checkbox"/>
28. Other Miscellaneous Finished Products	28. _____	<input type="checkbox"/>	<input type="checkbox"/>
29. Other Export	29. _____	<input type="checkbox"/>	<input type="checkbox"/>
30. Other Import	30. _____	<input type="checkbox"/>	<input type="checkbox"/>

5C COUNTRIES

Is movement/payment of Goods within the country (i.e. no cross-border Goods movement/payment)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Countries of Domestic Goods movement/payment	Countries of Goods' Origination
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
	Countries of Goods' Destination
	1. _____
	2. _____
	3. _____
	4. _____
	5. _____

Partner/Shareholder/Director Details

Full Name

T I T L E F I R S T M I D D L E L A S T

Gender Male Female Date of Birth DD MM YY YY Place of Birth

ID No. Bank Verification No.

ID Issue Date DD MM YY YY ID National ID Passport Voter's Card Driver's License

ID Expiry Date DD MM YY YY Mother's Maiden Name

Local Government Area State of Origin

Occupation Job Title

Telephone (Mobile)

Email Address

Residential Address STREET NO STREET NAME NEAREST BUS STOP CITY LOCAL GOVT AREA STATE

Partner/Shareholder/Director Details

Full Name

T I T L E F I R S T M I D D L E L A S T

Gender Male Female Date of Birth DD MM YY YY Place of Birth

ID No. Bank Verification No.

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Local Government Area State of Origin

Occupation Job Title

Telephone (Mobile)

Email Address

Residential Address STREET NO STREET NAME NEAREST BUS STOP CITY LOCAL GOVT AREA STATE

General Terms and Conditions

1. I/We agree that the Bank will send all correspondence in electronic form using email or any other electronic media. However, the Bank reserves the right to send paper correspondence to the last known address as per the Bank's records.
2. I/We represent and warrant that all information (including any documents) I/We have given to the Bank in connection with this application, is correct, complete and not misleading. If this is not the case, I/We will be personally liable. I/We must notify the Bank if I/we become aware that any information I/we have given changes, is incorrect or misleading. I/We confirm that all personal information provided in this application form and that of the authorised persons (if any) and signatories (if any) will apply to the account(s) I/we hold with the Bank unless I/we expressly tell the Bank otherwise.
3. I/We represent and warrant that I/we have power and all necessary authorisations to own my/our assets and carry on any business I/we conduct, to enter into each of the Bank's banking agreements and any other arrangement with the Bank and to comply with my/our obligations and exercise my/our rights under them.
4. I/We authorise the Bank to disclose to, and verify any of the information I/we have given to the Bank or my/our credit standing from anyone the Bank may consider appropriate (such as an authority or credit reference agency).
5. I/We consent to each of Standard Chartered Bank PLC and its subsidiaries (Standard Chartered Investment Services (SCIS) for investment products) and affiliates (including each branch or representative office) ("Standard Chartered Group"), its officers, employees, agents and advisers disclosing information relating to us (including details of the Bank's banking agreement, the accounts, the products or any arrangement with the Bank) to the Bank's head office and any other member of the Standard Chartered Group in any jurisdiction ("permitted parties"); professional advisers, service providers (whether located in Nigeria or outside Nigeria) for the purposes of providing any service to us in connection with this application (including data processing), or independent contractors to, or agents of, the permitted parties, such as debt collection agencies, data processing firms and correspondents who are under a duty of confidentiality to the permitted parties, any actual or potential participant or sub-participant in relation to any of our obligations under the Bank's banking agreement between us, or assignee, novatee or transferee (or any officer, employee, agent or adviser of any of them), any credit reference agency, rating agency, business alliance partner, insurer or insurance broker of, or direct or indirect provider of credit protection to, or any permitted parties; any court, tribunal or authority (including an authority investigating an offence) with jurisdiction over the permitted parties; a merchant or member of VISA International or MasterCard International or China Union Pay where the disclosure is in connection with the use of a card; any authorised person or any security provider; anyone the Bank considers necessary in order to provide us with the services in connection with an account.
6. I/We have been provided with and confirm to have read and understood or have been explained to (in the language I/We understand) the Bank's Account Terms, Standard Terms, Country Supplement, Service Application Forms/Terms, Master Credit Terms, General Trade Terms and Investment Service Terms and Conditions (ISTC), all forming part of the Bank's banking agreement which are also available at the Bank's branches and I/We agree to be bound by them. I/We acknowledge that I/We are bound by any variation the Bank makes to these documents, in accordance with the Bank's banking agreement. In particular, I/We understand that by entering into the Bank's banking agreement, I/We give indemnities, authorisations, consents and waivers and agree to limitations on the Bank's liability. I/We understand that the ISTC shall apply to all transactions in relation to investment products (other than investment linked insurance products) that I/We enter into with or through the Bank and that the ISTC shall not apply to me/us if I/We do not enter into any investment products with or through the Bank.
7. I/We agree that the Bank has the right to set off the amount held in lien/term deposit against which a cash secured facility(ies) has been granted to us by the Bank, in the event of default. I/We authorise the Bank to purchase such foreign currency with the monies standing to the credit of our account(s) as may be necessary, to effect the set off and settle any outstanding amount on the loan facility, where necessary to facilitate the offsetting of the facility in default. I/We agree that the lien/term deposit will only be lifted upon full repayment of the facility(ies). I/We agree that I/We shall lay no claim whatsoever to the funds under lien/term deposit until such time the facility is repaid in full.
8. I/We agree not to issue cheque(s) against my/our accounts if not sufficiently funded in compliance with the Dud Cheque Laws and Regulations.
9. I/We authorise the Bank to debit my/our account with the applicable charges for legal search conducted on my/our account at the Corporate Affairs Commission or relevant agency/authority.
10. I/We understand that under the applicable Taxation Laws of Nigeria, interest paid to resident and non resident applicants is subject to withholding tax.
11. If we have reason to suspect that a fraudulent activity is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to appropriate law enforcement agencies'.
12. I/We agree to be bound by this declaration on this application form together with the Board resolution provided.

 Authorised Signatory Name & Designation

 Signature

 Date

 Authorised Signatory Name & Designation

 Signature

 Date

 Authorised Signatory Name & Designation

 Signature

 Date

A. To be filled by sales/branch staff

Sales Person's Name _____ Closing ID _____

Sourcing ID _____ Signature _____

Referral Person's Name _____ Referral ID _____

RM/ARM Name _____ RM/ARM Code _____

Sales/Branch Manager's Name _____ Sales/Branch Manager's Signature _____

Address Verification Yes No

B. To be filled by branch

Account Number _____ Relationship Number _____

Branch Code _____ Master Number _____

Client Segment Code _____

Ultimate Country Code _____ ISIC Code (4 digit) _____

Institution Classification _____ ISIC Code (6 digit) _____

Constitution Code _____ Operating Instructions _____

Product Code _____ Interest Code _____

GL Department ID _____ Fund Ownership _____

C. To be filled by middle office/eCDD

Risk Code _____ Risk Reason _____

Assigned Risk Reason Code _____ Residency Classification _____

Static Data Input by _____ Data Validation by _____

Sign & Date _____ Sign & Date _____