



TRINITY FINANCIAL SERVICES LIMITED ACCOUNT OPENING REQUIREMENT FOR CORPORATE ACCOUNT

- 1) Account form duly completed.
- 2) One (1) duly completed specimen signature cards.
- 3) Two Independent and satisfactory references.
- 4) One (1) recent and clear passport size photograph of each signatory to the account with their names and signatures written on the reverse side.
- 5) Certificate of Incorporation (to be sighted).
- 6) Memorandum and Articles of Association (certified as a copy by the Registrar of Companies and a Director of the company).
- 7) Certificate of exemption from using "LIMITED" after name (Where applicable).
- 8) Form CAC 7/CAC 2.3. Particulars of directors of the company certified by the registrar of companies (Original to be sighted).
- 9) Form CAC 2- Allotment to shares of the company (Original copy to be sighted).
- 10) Residence Permit (where applicable).
- 11) Identification of signatures – International passport, driver's license or National ID Card. (Original to be sighted.)
- 12) Board Resolution appointing Trinity Finance limited as the company's bankers and including names of all signatories to the account, mandate and directors of the company in attendance. This must be executed under company seal.
- 13) Initial Deposit.
- 14) Public Utility receipt i.e. Tax clearance certification (TCC), PHCN Bills, water Bills or Telephone bills (Original to be sighted) which must be current address of the company.
- 15) A duly completed signatory personal information form for each of the signatories to the account.
- 16) Duly executed letter of set-off.



ACCOUNT OPENING FORM -

Category of business

(Tick as appropriate)

Limited Liability Company

Others (Please specify)

Branch

Account Number (office use only)

Company Details (please complete in block letter and tick where necessary)

Company Name:

Certificate of Incorporation Number:

Date of Incorporation

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of Incorporation:

Type/Nature of business:

Sector/Industry:

Operating Business Address 1:

Operating Business Address 2:

Registered Address:
(If different from above):

Local Govt. Area:

State:

Nigerian Export Promotion Council (NEPC) No. (If applicable):

Email Address

Website (If any)

Mobile Number Phone Number

Tax Identification Number (TIN): CRM NO

Special Control Unit against Money Laundering (SCUML) Reg.NO:
(Where applicable)

Estimated Annual Turnover

- a) Less Than N50 Million N50 Million – Less Than N500 Million N500 Million – Less than N5 Billion
Above N5 Billion

b) Is your company listed in the stock exchange? YES NO

c) If answer to question (b) is Yes, please indicate which stock exchange and stock symbol:

Confirmation Required: Will you like to pre-confirm your cheques? Yes No

Please Note that the minimum confirmation amount by the company is ₦500,000

Key Contacts Persons

1 Full Names: [Grid]
Job Title: [Grid]
Email: [Grid]
Mobile Number: [Grid]
Office Address: [Grid]

2 Full Names: [Grid]
Job Title: [Grid]
Email: [Grid]
Mobile Number: [Grid]
Office Address: [Grid]

3 Full Names: [Grid]
Job Title: [Grid]
Email: [Grid]
Mobile Number: [Grid]
Office Address: [Grid]

Details Of account signatories

Title: [Grid] Surname: [Grid]
First Name [Grid]
Other names: [Grid]

Marital Status: Single Married Others [Grid] Gender: Male Female

Date of Birth: [D][D][M][M][Y][Y][Y][Y] Place of birth [Grid]

Mother's maiden name [Grid]
Next of Kin: [Grid]
LGA of Origin: [Grid] State of origin [Grid]
Tax Identification Number: [Grid] (If available)
Means of Identification: [Grid] Identification Number [Grid]
ID Issue date: [D][D][M][M][Y][Y][Y][Y] ID Expiry Date: [D][D][M][M][Y][Y][Y][Y]
Occupation: [Grid] Status/Job Title [Grid]
Position/Office of the signatory: [Grid]
Nationality: Nigerian Others (Please Specify) _____

Resident Permit No.

Permit Issue Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permit Expiry Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Verification ID NO:

Residential Address:

House/Plot Number: Street Name:

Nearest Bus stop/Landmark:

City/Town: LGA

State:

Mailing Address
If different from the residential address

Mobile Number Phone Number

e-mail address

I hereby attest that the above information is true and complete

Signature _____

Date:

Official Use Only

Verified By (Full Name) _____

Signature _____

Date:

Reviewed By (Full Name) _____

Signature _____

Date:

Approved By (Full Name) _____

Signature _____

Date:



TRINITY FINANCIAL SERVICE LIMITED
MANDATE FOR CORPORATE ACCOUNT

Name of Account _____ Account No _____
Postal Address: _____
Contact Address _____
TELEPHONE _____

1 Name of Signatory _____ SIGNATURE SPECIMEN MOBILE NUMBER	4 Name of Signatory _____ SIGNATURE SPECIMEN MOBILE NUMBER
2 Name of Signatory _____ SIGNATURE SPECIMEN MOBILE NUMBER	5 Name of Signatory _____ SIGNATURE SPECIMEN MOBILE NUMBER
3 Name of signatory _____ Specimen signature MOBILE NUMBER	6 Name of signatory _____ Specimen signature MOBILE NUMBER
Mandate:	Company Stamp/Seal Specimen

Please Tick as appropriate

Embossment Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cheque Confirmation Required Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes Amount to be confirmed
<input type="checkbox"/> N500,000 and above
<input type="checkbox"/> N1,000,000 and above
<input type="checkbox"/>and above (Not less than N500,000)
Please note that the company's Policy allows confirmation of N500,000 and above in writing and before presentation of cheque

FOR COMPANY USE

REMARK _____
CSU OFFICE _____
RSM OFFICER _____
APPROVAL _____ DATE _____

CAUTION

**IT IS DANGEROUS TO INTRODUCE A PERSON
WHO IS NOT WELL KNOWN TO YOU**

.....20.....

The Manager,

Trinity Financial Services Limited

Dear Sir,

PROSPECTIVE ACCOUNT NAME

I/We understand that the above-named person has applied to open an account with you.

I/We have known the above-named person for..... (period) and I/We comment on his/her means and reputation as follows

I/We also confirm that the applicant is a person to whom the usual banking facilities may be extended.

I/We maintain bank account with:

NAME OF BANK/BRANCH	BANKER'S ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT
1.			
2.			

The above information is provided in confidence.

Yours Faithfully,

Referee's account name

Referee's Address

Referee's Phone number

Authorized Signatory

Authorized Signatory

For office use only

A. Address Verification Details

Name of RM

Name of Unit Head

I hereby confirm the existence of the prospective customer's address at

Comment (S) (Address description and findings)

Signature..... Date

D	D	M	M	Y	Y	Y	Y

B. Authentication for politically/ financially exposed persons:

- i) Is the applicant a politically exposed person? Yes No
- ii) Is the applicant a financial exposed person Yes No

C. Customer introduced by

I hereby introduce the customer to the bank. I also confirm the political/financial exposure status as indicated above

Name:

Signature: Date:

D	D	M	M	Y	Y	Y	Y

D. Deferral/waiver of document (If any)

Requested By:

Signature: Date:

D	D	M	M	Y	Y	Y	Y

Approved By:

Signature: Date:

D	D	M	M	Y	Y	Y	Y