CORPORATE ACCOUNT OPENING APPLICATION FORM

THRIVE MICROFINANC BANK LIMITED

"Cash transactions are only handled by tellers who sit across the counter at branches. The Bank shall not be held accountable for any losses incurred as a result of cash being given to unauthorized employees or individuals."

Customer's Signature _____

Date: | D | D | M | M | Y | Y | Y | Y |

thrivebank.ng

1 ENTITY PARTICULARS

Corporate Name

(insert full legal name as it appears in constitutional documents)

Type of Entity ☐ Sole Proprietorship ☐ Partnership ☐ Private Limited ☐ Public Limited ☐ Foundation/NGO ☐ Other _____

Nature of Business/ Industry

Date of Incorporation D D M M Y Y Y Y Country of Incorporation _____

Country of Operation _____ Years in Operation _____

Tax Identification No. _____ Entity Registration No. (where applicable) _____

Transactions with Overseas (country) _____ SCUML Registration No.

Annual Sales Turnover NGN _____ Tax Resident Status ☐ Resident ☐ Non-resident

Is Your Entity Affiliated With Another Entity? ☐ Yes ☐ No If Yes, Name Of Entity _____

Type of Affiliation ☐ Holding Company ☐ Associate Company ☐ Subsidiary Company

CRM No/Borrower's Code

Have you in the past executed Government Contract	☐ Yes ☐ No
Are you currently executing a Government Contact	☐ Yes ☐ No
If 'yes' kindly provide the name of the government agency who awarded the contract:	

1A ENTITY CONTACT DETAILS

Telephone (Mobile)

Preferred Telephone Number (for SMS purpose)

Telephone (Office) + country code area code

Preferred Email Address

Registered Office Address

Address of Operation/Mailing Address (if different from above)

1B PERSONAL INFORMATION OF SOLE PROPRIETOR ONLY

Full Name

TITLE FIRST

MIDDLE LAST

Resident Permit No. Issue Date M M Y Y Expiry Date M M Y Y

Marital Status ☐ Married ☐ Single ☐ Other _____ Place of Birth

Tax Identification number _____ State of Origin

Means of Identification ☐ Int'l Passport ☐ Voter's card ☐ Drivers' License ☐ None ☐ Other _____

Issue Date M M Y Y Expiry Date M M Y Y

1C DETAILS OF NEXT OF KIN FOR THE SOLE PROPRIETOR ONLY

Full Name

TITLE FIRST

MIDDLE LAST

Relationship

Date of Birth D D M M Y Y Y Y

Gender ☐ Male ☐ Female

Telephone (Mobile)

Email Address

Residential Address STREET NO STREET NAME

NEAREST BUS STOP CITY

LOCAL GOVT AREA STATE

Mailing Address POBOX CODE CITY

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?

Account Type

☐ Current Account
☐ Term Deposit
☐ Target Savings
☐ High-Yield Investment Account
☐ Savings Account

2A ACCOUNT ACTIVITY PROFILE

Source of Fund _____

Reason and Purpose for Opening Account ☐ Investment ☐ Regular Banking Transaction ☐ Credit Facility ☐ Others _____ (Please Specify)

Anticipated Account Activity (please tick the relevant boxes below)

Transaction Type	No. of Transactions Per Month		
Deposits	☐ 0-10	☐ 11-50	☐ >50
Withdrawals	☐ 0-10	☐ 11-50	☐ >50

3 PLEASE CONSIDER THESE VALUABLE SERVICES

*Cheque Book	**SMS	***E-mail	****Mobile/Internet Banking	****E-statement	****Debit Card	****POS
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

*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).

Our Mobile/Internet Banking Solution for businesses which allows you to access your account statements, request for self-service and make payments online conveniently.
Kindly download our mobile app or visit our website to create internet banking profile.

***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

4 DECLARATION

☐ I confirm that I have reviewed all the information provided in this form and that it is correct to the best of my knowledge

☐ I understand that this form is not intended for use as a standing application for Trade transaction

For Internal Use Only

[1]A Related Party refers to a person that directly, or in directly through one or more intermediaries, Controls, is Controlled by, or is under common with, the Applicant and includes person connected with the related party. Person connected with the related party includes (but shall not limited to) (a) relatives of a related party who is an individual, (b) directors and shareholders of a related party which is a body corporate, and their relatives, (c) bodies corporate Controlled by persons connected with a related party, (d) trustees of a trust under which a related party or persons connected with the related party are beneficiaries, and (e) partners of a related party. "Control" means where one person (either directly or indirectly and whether by share capital, voting power, contact or otherwise) has the power to appoint and /or remove the majority of the members of the governing body of another person or otherwise controls or has the power to control the affairs and policies of that other person and that other person is taken to be "Controlled" by the first person.

ACCOUNT MANDATE

*Mandate to be replicated? Yes or No
YES,

What does this mean? I thought this is for Sole Prpertorship?

*If State Account Number | | | | | | | | | | |

*If No, Provide Board Resolution

5 ACCOUNT OPERATING MANDATE

	Name of Signatory	Assign Authority Level (e.g. A, B, C)	Define Mandate (Single and/or Joint)	Assign Authorising Limit (Single)	Assign Authorising Limit (Joint)
1					Specify in Special Instructions space below
2					
3					
4					
5					

Special Instructions {define joint authorising limit, signing combinations and pre-confirmation threshold (if any)}.

*Pre-confirmation amount | | | | | | | | | | |

Please also state the amount if you would like to have specific amount for pre-confirmation, other than the amount set by the bank from time to time in the special instruction box above.

6 AUTHORISED SIGNATORY(IES)

Authorised Signatory

Full Name

TITLE FIRST

MIDDLE LAST

Gender ☐ Male ☐ Female Date of Birth D D M M Y Y Y Y Place of Birth _____

Nationality _____ ID TYPE ☐ National ID ☐ Passport ☐ Voter's Card ☐ Driver's License

ID No. | | | | | | | | | | |

Bank Verification No. | | | | | | | | | | |

ID Issue Date D D M M Y Y Y Y

ID Expiry Date D D M M Y Y Y Y

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

Specimen Signature

Authorised Signatory

Full Name

TITLE FIRST

MIDDLE LAST

Gender ☐ Male ☐ Female Date of Birth DD MM YYYY Place of Birth _____

Nationality _____ ID ☐ National ID ☐ Passport ☐ Voter's Card ☐ Driver's License

ID No. Bank Verification No.

ID Issue Date DD MM YYYY ID Expiry Date DD MM YYYY

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

Specimen Signature

Authorised Signatory

Full Name

TITLE FIRST

MIDDLE LAST

Gender ☐ Male ☐ Female Date of Birth DD MM YYYY Place of Birth _____

Nationality _____ ID ☐ National ID ☐ Passport ☐ Voter's Card ☐ Driver's License

ID No. Bank Verification No.

ID Issue Date DD MM YYYY ID Expiry Date DD MM YYYY

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

Specimen Signature

7 PARTNERS, SHAREHOLDERS OR DIRECTORS DETAILS

Partner/Shareholder/Director Details (Please ignore if the Director is also a Secretary) (what does this ignore if director is a signatory mean?)

Full Name

TITLE FIRST
MIDDLE LAST

Gender ☐ Male ☐ Female Date of Birth DD MM YYYY Place of Birth _____

ID No. _____ Bank Verification No. _____

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

ID Expiry Date DD MM YYYY 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

TITLE FIRST
MIDDLE LAST

Gender ☐ Male ☐ Female Date of Birth DD MM YYYY Place of Birth _____

ID No. _____ Bank Verification No. _____

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

ID Expiry Date DD MM YYYY 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

TITLE FIRST

MIDDLE LAST

Gender ☐ Male ☐ Female Date of Birth DD MM YYYY Place of Birth _____

ID No. Bank Verification No.

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

ID Expiry Date DD MM YYYY 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

TITLE FIRST

MIDDLE LAST

Gender ☐ Male ☐ Female Date of Birth DD MM YYYY Place of Birth _____

ID No. Bank Verification No.

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

ID Expiry Date DD MM YYYY 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

5. BOARD RESOLUTION

FEDERAL REPUBLIC OF NIGERIA

COMPANIES AND ALLIED MATTERS ACT, 2004

(A) LIST OF DIRECTORS PRESENT

S/N	NAME	POSITION
1.		
2.		
3.		
4.		
5.		
6.		

BOARD RESOLUTIONS

At the meeting of the Board of Directors of_____held on the_____day of _____20___at the Company's Head Office, the following resolutions were proposed and duly passed:

1. That the Company should open and operate a Current Account with THRIVE MICROFINANCE BANK.

2. That in addition to any general lien or similar right to which you as a Bank may be entitled by law, you may at anytime without notice to us combine and or consolidate all or any of the Company's accounts, affiliate, subsidiary or sister company's accounts (whether or not in the same name) with the liabilities to you and set off or transfer any sum standing to the credit of any one or more of such accounts or any other credits be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to the Company with you towards satisfaction of any of the Company's 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.

3. That the Secretary and a Director of the Company be, and is hereby authorized to certify to the bank names of the present officers of the Company and other persons authorized to sign for it and the offices respectively held by them, together with the specimen of their signatures and in case of any change of any holder of any such office or holders of any such offices, the fact(s) of such change and the names of any new officer(s) and the offices respectively held by them, together with the specimen of their signature(s), and the Bank be and is hereby authorized to honour any instrument signed by any new officer or officers in respect of whom it has received any such certificate or certificates with the same force and effect as if the said officer or officers were named in the foregoing resolution in the place of any person(s) with the same title or titles.

4. That the Bank be promptly notified in writing by the Secretary or any other appropriate officer of the Company of any change in their resolution(s), such notice to be given to each office of the Bank in which any account of the Company may be maintained, and that until it has actually received such notice and sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means as it may deem appropriate to notify such of its offices, branches and correspondents as the Bank may deem to be concerned thereby, it is authorized to act in pursuance of these resolutions, and the Bank shall be indemnified and held harmless from any loss suffered or liability incurred by it in continuing to act pursuant to these resolutions, even though the resolutions may have been changed; provided that any such change shall not adversely affect the general intendment of this resolution.

5. That any and all withdrawals and borrowing of money and/or other transactions entered into on behalf of the Company with the Bank are hereby approved, and that the Bank may rely upon the authority conferred by this entire resolution until the receipt by it of a copy of a resolution of this Board revoking or modifying the same.

6. That the signatories to the account shall be:

(B) SIGNATORIES TO THE ACCOUNT

S/N	NAME	CATEGORY	SPECIMEN SIGNATURE
1.			
2.			
3.			
4.			
5.			

The Mandate of the Company shall be:

We CERTIFY that the Memorandum and Articles of Association of the Company given by us to the Bank are current and up to date.

We FURTHER UNDERTAKE that amendments to the Memorandum and Articles of Association shall be advised to the Bank within fourteen (14) days of such.

We shall indemnify the Bank against any loss, expenses and/or damages it may sustain through our failure to notify or delay in notifying the Bank of any alteration, amendment or addition to the Memorandum and Articles of Association.

We FURTHER CERTIFY that there is no provision in the Memorandum and Articles of Association of the Company limiting the power of the Board of Directors to pass the foregoing resolutions and that the same are in conformity with the provision of the said Memorandum and Articles of Association.

We CERTIFY that the above is a true and correct extract of the Minutes of the Board Meeting.

Dated at_____this_____day of_____20_____

_____ Director

_____ Director/Secretary

(COMPANY SEAL)

8 DECLARATION

General Terms and Conditions

1. I/We agree that the Bank will communicate all correspondence to me via email or other electronic means. The Bank, on the other hand, maintains the right to send printed communication to the last known address on file.

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 andof 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 Thrive Microfinance Bank Ltd, 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; 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 ofifcer, 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 ofInterswitch - Verve Card where the disclosure is in connection with the useof 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, 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, authorizations, consents and waivers and agree to limitations on the Bank's liability. I/We understand thatthe 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 o ffthe 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 timeas 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.

Dated this_____day of_____20_____

_____
Director's Name & Signature

_____
Director's Name & Signature

9 FOR BANK USE ONLY

A. To be filled by staff

Relationship Officer's Name _____ Signature _____

Referral Person's Name _____ Referral ID _____

HOP Name _____ Signature _____

Address Verification ☐ Yes ☐ No

B. To be filled by Compliance Officer

Name _____ Risk Reason _____

Assigned Risk Reason Code _____ Residency Classification _____

Sign & Date _____ Sign & Date _____

S/N	DOCUMENT REQUIRED		
1	Means of Identification of the signatories		
2	Passport photographs of the signatories		
3	Copy of Utility bills for the signatories & Businesses Address		
4	KYC Report		
5	Two Reference		
6	CAC/Registration certificates		
7	BVN (of directors and signatories)		
8	Tax identification number		