

# Account Opening Form (Corporate)

## DATA PRIVACY NOTICE

Globus Bank Limited of Plot 722 Akinbo Savage, Victoria Island, Lagos State, Nigeria, is a data controller under the Nigeria Data Protection Act 2023 and Nigeria Data Protection Regulation.

Globus Bank Limited will process the information you provide online or on the account opening forms (individual or corporate), as well as data obtained from other legitimate sources in accordance with our Privacy Policy: <https://www.globusbank.com/PrivacyPolicy.html>.

We will use your information to:

- Create and manage your account.
- Provide, communicate, and administer our services and events, including sending promotional materials, newsletters, and other marketing communications.
- Offer customer support and maintain our relationship with you.
- Verify your identity and protect against fraud, unauthorized transactions, and other unlawful activities.

For a full list of purposes and legal bases for processing, please refer to our **Privacy Policy on our website at [www.globusbank.com](https://www.globusbank.com)**.

We may share information about you and your transactions as permitted by law for purposes such as national security and improving our services. However, your personal information will not be shared with third parties for their marketing purposes. We may also disclose your information if necessary to enforce our terms and conditions or protect our operations and users.

In the event of a reorganization, merger, or sale, we may transfer your personal information to the relevant data controller. If any data transfers involve recipients outside Nigeria, we will take appropriate measures to ensure compliance with the applicable data protection laws.

For any questions, comments, or requests regarding data privacy, please contact our Data Protection Officer:  
Email: [dpo@globusbank.com](mailto:dpo@globusbank.com)  
Tel: 02014661000, 02012259000

## Checklist (Bank use only)

		Checked	Deferred	Waived	N/A			Checked	Deferred	Waived	N/A
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Duly completed Specimen Signature card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	Form CAC 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Copy of CAC Certificate of Registration (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	Two (2) satisfactory completed Reference Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Board Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.	Utility Bill/Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Copy of Memorandum and Article of Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	Evidence of registration with SCUML (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Form CO7 Particulars of Directors (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	Evidence of registration with NIPC (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Form CO2 Allotment of Shares (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.	Proof of identity of all Signatories and Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Resident Permit or Work Permit (for non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.	Power of Attorney/Mandate letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Two (2) passport-sized photographs of each Signatory (Full names written on the reverse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	Letter of Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Introduction letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.	Partnership Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT OPENING FORM - CORPORATE



This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (A|B|C|✓)

1 Business Particulars

Name

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

Nature of Business

Date of Incorporation 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place of Incorporation

Tax Identification No (TIN). RC/Business Number (Entity No)

Estimated Annual Turnover SCUML Registration No.

Is Your Entity a member or affiliate of another entity ☐ Yes ☐ No If Yes, Name Of Entity

Type of Affiliation ☐ Parent Company ☐ Associate Company ☐ Subsidiary Company

CRM No/Borrower's Code (Where applicable)

1A Which Account(s) Would You Like To Open?

Account Type

☐ Current Account ☐ NGN ☐ USD ☐ EUR ☐ GBP ☐ Other

☐ Fixed deposit Account ☐ NGN ☐ USD ☐ EUR ☐ GBP ☐ Other

☐ Domiciliary Account ☐ USD ☐ EUR ☐ GBP ☐ Other

☐ Others Please Specify ☐ NGN ☐ USD ☐ EUR ☐ GBP ☐ Other

1B Contact Details

Telephone (Mobile) + 

country code			area code																
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Telephone (Office) + 

country code			area code																
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Email Address

Office Address

Operating Address (if different from above)

Social Media Handles

1C Details of Next of Kin for the Sole Proprietor Only

Full Name

Relationship Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Gender ☐ Male ☐ Female

[illegible][illegible][illegible]

## 2 Accounts held with other Banks

S/N	Name of Bank	Account Number	Account Status (Active/Dormant)
1			
2			
3			
4			

### 3 Authorised Signatory(ies)/Partners, Shareholders and/or Directors details

Signatory ☐ Director ☐ (Tick ☒ as appropriate)

[illegible][illegible]

Gender ☐ Male ☐ Female

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

ID Expiry Date	D	D	M	M	Y	Y	Y	Y
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If US Citizen, please provide

[illegible]

Job Title \_\_\_\_\_

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

Local Government Area \_\_\_\_\_ State of Origin \_\_\_\_\_

Email Address

[illegible][illegible]

Permit Expiry Date	D	D	M	M	Y	Y	Y	Y
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Are you (related to) a Politically Exposed Person (PEP)?    Yes ☐    No ☐

If yes, please state the name of PEP and position held

Specimen Signature (For Signatory only)

Affix  
Passport  
Photograph  
Here

Date    D    D    M    M    Y    Y    Y    Y



Bank Verification No.

National Identification Number (NIN)

Full Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

Gender

☐ Male

☐ Female

Nationality

ID Type

☐ National ID

☐ Passport

☐ Voter's Card

☐ Driver's License

ID No.

ID Expiry Date

D

D

M

M

Y

Y

Y

Y

Do you have dual citizenship?

No

☐

Yes

☐

If yes, please specify

If US Citizen, please provide

Tax ID No

Employee ID No

Job Title

Mother's Maiden Name

Occupation

Local Government Area

State of Origin

Telephone (Mobile)

+

country code

area code

Email Address

Residential Address

Resident Permit No (Non-Nigerian) :

Permit Issue Date

D

D

M

M

Y

Y

Y

Y

Permit Expiry Date

D

D

M

M

Y

Y

Y

Y

Are you (related to) a Politically Exposed Person (PEP)?

Yes

☐

No

☐

If yes, please state the name of PEP and position held

Specimen Signature (For Signatory only)

Affix Passport Photograph Here

Date

D

D

M

M

Y

Y

Y

Y

4 Account Operating Mandate

S/N	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.



## 5 Please Consider These Valuable Services

*Cheque Book	Yes <input type="checkbox"/>	No <input type="checkbox"/>
**Globus CIB	Yes <input type="checkbox"/>	No <input type="checkbox"/>
***E-Statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*Cheque(s) above a certain amount (as determined by the Bank) may require confirmation.

**\*\*Globus CIB is our online Corporate Internet Banking Solution for businesses. Please complete the Globus CIB enrolment form to enrol.**

\*\*\*Statements of your account will be sent to you by email or can be downloaded from our online banking platform.

6 Globus CIB Application Form - Corporate Profile

**Company Name**  
Registered business name

Token(s) will be sent to  
this address

[illegible]

Full Name	Mobile Number	E-mail Address	Profile Type#	User Login ID^	Signing Limit	
					Currency	Amount
User 1 (Primary Contact)						
User 2						
User 3						

^ User to indicate their preferred User Login ID. Min 3 & Max 10 alphanumeric with no spacing between characters.

# Select one from the following profile types for each user:

## 6A Globus CIB Authorisation Matrix

Number of approvers required to complete a transaction Maximum transaction amount will be the lowest signing limit amongst the approvers	<input type="checkbox"/> 1 Checker <input type="checkbox"/> 1 Approver <input type="checkbox"/> 2 Checkers <input type="checkbox"/> 2 Approvers <input type="checkbox"/> 3 Checkers <input type="checkbox"/> 3 Approvers
Can users approve self-initiated transactions? If only 1 user access is created, the default setting is 'Yes'	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6B Signatories

I/ We hereby acknowledge and agree that Globus Direct will be provided by Globus Bank Limited (the "Bank") in accordance with and subject to the prevailing terms and conditions of this service as set out in the Bank's prevailing Standard Terms which are to be read together with the Bank's prevailing Account Terms. The Standard Terms may be amended at the Bank's sole discretion from time to time, and Globus Direct is, and will continue to be made available at the Bank's sole discretion. Copies of the Standard Terms are available at any branch of the Bank or on the Bank's website at [www.globusbank.com](http://www.globusbank.com).

For and on behalf of \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## 6C For Bank Use Only

Customer ID	Group ID	SV

**General Terms and Conditions**

1. I/we hereby authorise you to open an account in my/our name and authorise all cheques or other orders which may be presented with respect to the account provided that same is issued in accordance with our mandate card and there are sufficient funds in the account.
2. I/we hereby agree that we shall bear full liability and/or consequence with respect to the issuance of any cheque without sufficient funds in our account.
3. I/we hereby state that any request made to the Bank by way of any application for a credit facility(ies) shall be signed by our authorized signatories.
4. I/we hereby agree that the bank is entitled at anytime without notice to us, to combine or consolidate all or any of our accounts or a related account and set off any sum therein for the purpose of satisfaction of any our liabilities to the Bank.
5. I/we hereby agree that the bank shall bear no liability for any funds handed to a staff of the Bank outside the Bank's premises or outside banking hours except agreed by the bank in writing and the bank shall be fully indemnified against any loss, claim, damage or action that may originate therefrom.
6. I/we hereby agree that the bank may close our account(s), where there is a suspicious inflow into our account, for security reasons or where there is any fraud in relation thereto.
7. I/we hereby authorise and grant consent to the Bank to carryout the necessary checks on our company at the various bureaus and reference agencies and also share with such agencies our information. The Bank is discharged from any form of liability or damages made against the Bank by virtue of us granting this consent.
8. I/we authorise the Bank to debit our account with the applicable charges for legal search conducted on our account at the Corporate Affairs Commission or the relevant agency/authority.
9. I/we agree that we shall not release cash or issue cheque in favour of any staff of the Bank, or transfer money into his/her account and in the event of such, the bank is fully indemnified against all loss, claim, action, damages, request which may arise therefrom.
10. I/we agree that the Bank will not be legally responsible where our username and password and/or log in details for any of the banks products known only to us is accurately provided by any other person apart from us for any transactions where it reasonably contains sufficient information that same emanated from us.
11. I/we agree that the Bank may debit the account with the usual banking charges, interests and fees as may be determined from time to time.
12. I/we hereby indemnify the Bank against any loss, damages, claim that may be occasioned on the account by reason of any falsehood or inaccuracy of any statement or information or misrepresentation made to the Bank.
13. I/we hereby authorise the Bank to debit our account for any malicious or frivolous claim, suit, garnishee/mareva order brought against the Bank in relation to our account wherein the Bank had to seek for legal representation.
14. I/We hereby grant Globus Bank Limited the authority to create an account on my/our behalf and process my/our information in line with the Nigeria Data Protection Regulation (NDPR). I/We am/are also aware that I/we can withdraw my/our consent at any time.
15. I/We want to receive updates, offers, promotional materials and marketing communications from Globus bank by email, text messages, or phone calls.

\_\_\_\_\_  
 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**

Staff Name \_\_\_\_\_

Staff ID \_\_\_\_\_

Branch Manager's Name \_\_\_\_\_

Branch Manager's Signature \_\_\_\_\_

RM/GH Name \_\_\_\_\_

RM/GH Signature \_\_\_\_\_

Address Verification

☐ Yes ☐ No

**B. To be filled by branch**

Currency

Account Number(s)

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Currency

Account Number(s)

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Branch Code \_\_\_\_\_

ISIC Code (4 digit) \_\_\_\_\_

Team Code \_\_\_\_\_

ISIC Code (6 digit) \_\_\_\_\_

Product Code \_\_\_\_\_

**C. To be filled by Compliance**

Risk Profile: Low ☐ Medium ☐ High ☐

Risk Justification \_\_\_\_\_

Name \_\_\_\_\_

Sign & Date \_\_\_\_\_

**Reference form**

The Manager

**Globus Bank Limited**  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant(s)

Dear Sir/Madam,  
\_\_\_\_\_  
\_\_\_\_\_

I/We wish to introduce the above named person  
who desires to open a Current Account with you.  
I/We have known the above named person for  
\_\_\_\_\_ (Period) and I/We: (Referee to comment).

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

**I/We maintain a current account with**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Account(s) Name: \_\_\_\_\_

Account No(s) is/are: \_\_\_\_\_

Yours faithfully,

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

**Reference form**

The Manager

**Globus Bank Limited**  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant(s)

Dear Sir/Madam,  
\_\_\_\_\_  
\_\_\_\_\_

I/We wish to introduce the above named person  
who desires to open a Current Account with you.  
I/We have known the above named person for  
\_\_\_\_\_ (Period) and I/We: (Referee to comment).

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

**I/We maintain a current account with**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Account(s) Name: \_\_\_\_\_

Account No(s) is/are: \_\_\_\_\_

Yours faithfully,

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_





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