



ACCOUNT OPENING
FORM
(C O M P A N Y)

... We touch your life for good

REQUIREMENTS

- * TWO PASSPORT PHOTOGRAPH OF EACH OF THE AUTHORIZED SIGNATORY.
- * IDENTIFICATION OF EACH SIGNATORY (NATIONAL I.D CARD, INTERNATIONAL PASSPORT, DRIVING LICENSE).
- * COPY OF CERTIFICATE OF INCORPORATION AND CERTIFIED TRUE COPY OF MEMORANDUM & ARTICLE OF ASSOCIATION.
- * CERTIFIED TRUE COPY OF FORM CO7 & Co2
- * BOARD RESOLUTION
- * UTILITY BILL FOR THE LAST THREE MONTHS
- * TWO REFERENCE LETTERS
- * COMPLETED SIGNATURE CARD

HASAL MICROFINANCE BANK LIMITED.

APPLICATION FOR OPENING COMPANY ACCOUNT

Company Name: _____

RC Number: _____

Business Address: _____

Registered office: _____

Residential Address: _____

Type of Business: _____

Telephone Number: _____ Fax: _____

E-mail: _____

MANAGEMENT

1. Name: _____ Title: _____

2. Name: _____ Title: _____

3. Name: _____ Title: _____

4. Name: _____ Title: _____

AFFILIATED COMPANIES (IF ANY)

1. _____

2. _____

ACCOUNT WITH OTHER BANKS:

1. Bank: _____ A/C No. _____

2. Bank: _____ A/C No. _____

REFEREES

	Name	Business	Bank	A/C No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

OWNERSHIP

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I certify that the above particulars are current

Authorized Signatory/Date

Authorized Signatory/Date

Authorized Signatory/Date

LETTER OF INDEMNITY

To:
HASAL Microfinance Bank Ltd.
Plot 2105 Herbert Macaulay Way,
Wuse Zone 6, Abuja.

WHEREAS:

1. I/we of
has/have approached HASAL Microfinance Bank Ltd. (The Bank) to open an account
2. The customer has authorized the Bank to conduct a search on its/their/her name at the Corporate Affairs Commission, Abuja.
3. The customer has agreed to indemnify the Bank pending receipt of the search report

WE HEREBY AGREE AS FOLLOWS:

IN CONSIDERATION of the Bank allowing the customer to open and operate the account pending receipt of a satisfactory search report, we

HEREBY INDEMNIFY YOU AND KEEP INDEMNIFIED against all losses, damage, Liabilities, claim actions, proceedings, costs and expenses in relation to or arising out of our request to operate the account or any transaction thereon and pay you, on demand, all payments, losses, costs and expenses suffered and incurred by you in consequence thereof or arising there from.

Dated this Day of 20.....

Authorized Signatory

Authorized Signatory

Official Stamp/Seal

LETTER OF SET OFF

To:

HASAL Microfinance Bank Ltd.

Plot 2105 Herbert Macaulay Way,

Wuse Zone 6, Abuja.

In consideration of you giving me/us financial and/or banking accommodation and other facilities I/we agree that in addition to any general lien or similar right which you as bankers may be entitled by law you may at time and without notice to me/us combine or consolidate all or any of my/our accounts with and liabilities to you and set-off or transfer any sum or sums standing to the credits of anyone or more such accounts in our towards satisfaction of any of my/our liabilities to you on any other account or in any other respect whether such liabilities to you on any other account or in any other respect whether such liabilities be actual or contingent primary or collateral and several or joint.

Authorized Signatory

Authorized Signatory

Official Stamp/Seal

AUTHORITY TO DEBIT MY/OUR ACCOUNT FOR SEARCH REPORT

In consideration of HASAL Microfinance Bank Ltd. Opening a current account on my/our behalf I/we the authorized signatory/signatories of:

.....

hereby authorized HASAL Bank Ltd. To debit my/our account for the cost incurred in conducting a search in respect of the above account.

Authorized Signatory

Authorized Signatory

Official Stamp/Seal

BOARD RESOLUTION

I, as Secretary of A company incorporate in NIGERIA, do hereby certify to HASAL MICROFINANCE BANK LTD, that a meeting of the Board of Directors of the said company was duly convened and held at:

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on the Day of 20that at the said meeting the following resolutions were passed:

1. That HASAL MICROFINANCE BANK LTD, (hereinafter referred to as the bank'), be appointed as the banker of the company and that the officers and agents of this company be and hereby are, and each of them hereby is authorized to deposit any of the funds of this company in the Bank.
2. That an account be opened in the name of the Company with HASAL MICROFINANCE BANK LTD with the under listed persons as signatories;
 - a.
 - b.
 - c.
 - d.
 - e.
3. That the bank is hereby authorised to debit the above account with usual banking charges, interest commissions etc and we hereby acknowledge that any sum standing to the debit of the current account shall be liable to interest charges at a rate fixed by the bank from time to time.
4. That we hereby agree that in addition to any general lien to which you may be entitled as Bankers, you may at any time and without notice to us combine or consolidate all or any of the company's account with you and set off or transfer any sum or sums 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 in or towards the satisfaction of any of the company with you in or towards the satisfaction of any of the company's liabilities to you in or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral or several or joint.
5. That you are hereby authorized to honour all cheques, bills, promissory notes, acceptances, receipt, releases, guarantees or indemnities and generally accept all instructions provided same are executed by the above named signatories.
6. That the bank be promptly notified in writing by the Secretary or any other officer of this company of any change in these resolutions, such notice to be given to each office of the Bank in which any accounts of this company may be maintained and that until the bank has actually received such notice in writing the bank is authorised to act in pursuance of these resolutions, and shall be indemnified from losses suffered or liability incurred by in continuing to act in pursuance of these resolutions, even though these resolutions may have been changed.

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

Authorized Signatory

Authorized Signatory

Official Stamp/Seal

AUTHORITY TO DEBIT MY/OUR ACCOUNT FOR CHEQUE BOOK

In consideration of HASAL Microfinance Bank Ltd. Opening a current account on my/our behalf I/we the authorized signatory/signatories of:

.....

hereby authorized HASAL Bank Ltd. To debit my/our account for the cost incurred in conducting a search in respect of the above account.

Authorized Signatory

Authorized Signatory

Official Stamp/Seal

HASAL MICROFINANCE BANK LTD.

REFERENCE FORM

The Manager
HASAL Microfinance Bank Ltd.
Plot 2105 Herbert Macaulay Way,
Wuse Zone 6, Abuja.

NAME OF THE APPLICANT

I wish to confirm that the above named person(s) is well known to me and is suitable to maintain a HASAL Microfinance Bank Account with you.

The Applicant signs thus: _____
And I witness the signature as being correct.

I maintain a current account with:

NAME OF BANK: _____

ADDRESS: _____

AND MY ACCOUNT NUMBER IS: _____

Yours faithfully,

Signature

Date

Name: _____

Address: _____

CAUTION
IT IS NOT ADVISABLE TO INTRODUCE ANY
PERSON NOT WELL KNOWN TO YOU.

HASAL MICROFINANCE BANK LTD.

REFERENCE FORM

The Manager
HASAL Microfinance Bank Ltd.
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NAME OF BANK: _____

ADDRESS: _____

AND MY ACCOUNT NUMBER IS: _____

Yours faithfully,

Signature

Date

Name: _____

Address: _____

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