

ASO MYHOUSE ACCOUNT

Please indicate as appropriate

- Opal
 Pearl
 Ruby
 Black Diamond

Account Opening Check List (Please ensure all of the documents listed below are attached)

BASIC REQUIREMENTS

- One recent passport photograph of each signatory (with full face forward)
- Duly complete and signed signature mandate card (form attached)
- Utility bill issued within the last three months / Valid proof of address
- Valid Identification for each signatory (International Passport, Drivers License, National I.D)
- Valid resident permits (foreigners only)
- Two references IRO account signatories

ADDITIONAL REQUIREMENTS FOR CORPORATE/INCORPORATED BODIES

- Certificate of registration/incorporation with CAC/special control unit on money laundering (SCUML)
- Certified Form C07, C02 (Particulars of Directors)
- Certified True Copy of Memorandum and Articles of Association
- Partnership deed
- Board Resolution
- Meeting extract/minutes
- Constitution/Bye-laws/Rules & regulations/Enabling act/Decree
- Letter of authorization from AGF/Authorizing Officer/Power of attorney
- Trust deed
- Letter of administration
- Company Seal

E-Channel Options

- ASO mobile
 Internet banking
 ASO Xpress Card (ATM card)

Terms and Conditions apply

ALL ORIGINALS OF DOCUMENTS TO BE SIGHTED. MANDATE AND RESOLUTIONS, TERMS AND CONDITIONS TO BE SIGNED BY THE DIRECTOR(S) AND COMPANY SECRETARY WITH COMPANY SEAL

DISCLAIMER: ASO shall issue out loan to only customers that have Certificate of Occupancy as security for the loan

Target Property Type

Target Price

Account Name

Account Number

Signature/Date

Company Name

Certificate of Inc. Number

Date of Incorporation

Business Address (Number, Street, Town, State)

Registered Office (if different from above)

Nature of Business

Tax Identification Number

Approximate Annual Sal/Income (N)

Parent Company

Subsidiaries/Other Related Company

Contact Phone 1

Phone 2

Office Phone/Fax

E-mail

Key Contact Person(s)

Surname

First Name

Middle Name

Job Title

Mobile

E-mail

Surname

First Name

Middle Name

Job Title

Mobile

E-mail

I certify that the above information is true and correct

dd

/mm

/yy

dd

/mm

/yy

Director
Signature & Date

Director/Company Secretary (with company seal)
Signature & Date

Special Instruction

Statement Mailing Instruction (Mandatory)

Post

E-Mail

Hold

Mailing Address

Accounts With Other Banks

Bank Name

Branch/Address

Account Name

Account Number

Date Account Opened

Bank Name

Branch/Address

Account Name

Account Number

Date Account Opened

INDIVIDUAL/DIRECTOR'S PERSONAL DATA

JOINT/DIRECTOR'S PERSONAL DATA

Title Mr. Mrs. Miss Others

Title Mr. Mrs. Miss Others

Surname

Surname

First Name Middle Name

First Name Middle Name

Date of Birth (dd/mm/yy)

Date of Birth (dd/mm/yy)

Nationality

Nationality

Residential Address (Number, Street, Town, state)

Residential Address (Number, Street, Town, state)

Business/Occupation

Business/Occupation

Employer: Name and address

Employer: Name and address

Tax Identification Number

Tax Identification Number

Approximate Annual Sal/Income (N)

Approximate Annual Sal/Income (N)

Mother's Maiden Name

Mother's Maiden Name

Home Phone Office Phone/Fax

Home Phone Office Phone/Fax

Mobile Phone

Mobile Phone

E-mail

E-mail

Sex Male Female

Sex Male Female

Marital Status Married Single Others

Marital Status Married Single Others

If Married, Name of Spouse

If Married, Name of Spouse

Address & Phone

Address & Phone

Next of Kin Surname

Next of Kin Surname

Other Names

Other Names

Relationship

Relationship

Phone

Phone

Contact Address

Contact Address

I certify that the above information is true and correct

I certify that the above information is true and correct

Signature & Date dd /mm /yy

Signature & Date dd /mm /yy

ACCOUNT MANDATE TERMS & CONDITIONS



TO: ASO SAVINGS AND LOANS PLC
I/We hereby request and authorize you/

At a meeting of the Board of Directors of the Company held pursuant to this application resolved:

1. To open an ASO.....account in our/my name and subsequently to open further accounts as I/We may direct.
2. To honour all cheques or other orders which may be drawn on the said account unless the Bank receives a written notice to the contrary; provided such withdrawal vouchers or other orders are signed by the authorized signatories to the account, and to debit such cheques or other orders to the said account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any draft or increase of overdraft and in consideration.

I/We agree:

- a. To assume full responsibility for the genuineness or correctness and validity of all endorsements appearing on all cheques, orders, bills notes, validity of all instrument, receipts and for other documents deposited in respect of our account with the Bank.
- b. To further confirm all cheques, orders, bills, notes equal to or exceeding N250,000.00 to our assigned account officer or other designated ASO Bank Staff. The Bank may not be bound to honour such instruments otherwise.

- c. To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank’s rules for the conduct of receipts of which I/We hereby acknowledge; and be bound by the Bank due to any future Government order, Law, Levy, Tax, embargo, moratorium, exchange restrictions and/or all other causes beyond the Bank’s control.
- d. That all funds standing to our credit are payable on demand only in such local currency as may be in circulation.
- e. To be bound by any notification of change in conditions governing that account directed to our last known address and any notices or later sent to our last address shall be considered as duly delivered and received by us at the time it would be delivered in the ordinary course of post.
- f. That if a cheque credited to our account is returned dishonoured, the same may be transmitted to us through our last known address either by bearer or by post.
- g. That our attention has been drawn to the necessity of safe guarding our withdrawal booklet & ATM card so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be grounds for any consequential loss being charged to our account.
- h. That the Bank is under no obligation to honour our cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said withdrawal. I/We understand and agree that such cheque may be returned to us unpaid, but if paid I/we agree to pay the Bank on demand.

- i. That any sum standing to the debit of the account shall be liable to interest charges at the rate fixed by the Bank from time to time. The Bank is authorized to debit the account the usual banking charges, interest, commissions and any service charge set by the management from time to time.
 - j. That the Bank will not accept liability whatsoever for funds handed to members of staff outside banking hours or outside the Bank’s premises, unless by specific agreement in writing with the Bank.
 - k. That any disagreement with entries on our Bank statement will be made known by us within fifteen days of forwarding the Bank statement. Failing receipt by the Bank of a notice of disagreement of the within fifteen days from the date of forwarding of our Bank statement, it will be deemed by the Bank that the statement as rendered is correct.
3. I/We also agree that the Bank may debit our account for charges or fees arising from legal documentation to regularize our account on complete opening formalities.
 4. I/We also agree that in addition to any general lien or similar rights to which you as bankers may be entitled by law you may at any time and without notices to us combine or consolidate all or any of my/our account in ASO with any liabilities to you and set or transfer any sum or sums standing to the due credit of anyone more of such accounts or any other credit, be it cash, cheque, valuables, deposit, securities, negotiable instruments or other account or in any other respect whether such liabilities be actual or contingent collateral and several or joint.

Dated this.....day of.....year.....

1 NAME _____
DESIGNATION _____

2 NAME _____
DESIGNATION _____

SIGNATURE (Over Stamp)

SIGNATURE (Over Stamp)

FOR BANK USE ONLY

DOCUMENT CHECK LIST

Passport photograph of each signatory	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Signature mandate card	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Valid residence permit (for foreigners)	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Valid Identity document	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Two References	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Valid proof of address/Utility bill/CAV	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Certificate of registration/incorporation	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Form CO7, CO2 (Part of Dic)	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Certified MEMART	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Partnership deed	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Board resolution	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Meeting Extract/minutes	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Constitution/Enabling act/decree	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Trust deed	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Letter of administration	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Letter from authorizing officer/	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Letter of administration	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Power of attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
KYC	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Others	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived

Date deferrals to be regularized dd/mm/yy

Customer Address Verified by _____
Staff Name _____

Accounts sourced by: _____

Account Officer: _____

Deferral/Waiver authorized by: _____

Account checked & opened by (CSO): _____

Account authorized by (HOP): _____

Staff Signature & Date _____

Staff Signature & Date _____

Staff Signature & Date _____

Staff Signature & Date _____

Staff Signature & Date _____