



SunTrust

CORPORATE ACCOUNT

OPENING FORM

CURRENT ACCOUNT CORPORATE



CATEGORY OF BUSINESS

Limited Liability Company MDA

ACCOUNT TYPE:

Current Account Fixed Deposit Account Domiciliary Account

₦	\$	£	¥	€	others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT No. (for official use only)

BRANCH

1. CUSTOMERS INFORMATION

NAME OF COMPANY

RC NO. DATE OF INCORPORATION TIN NO:

NATURE OF BUSINESS

OPERATING BUSINESS ADDRESS 1:

OPERATING BUSINESS ADDRESS 2:

EMAIL ADDRESS:

MOBILE NO 1: MOBILE NO 2:

CRM NO/ Borrower's Code (where applicable)

2. ANNUAL TURNOVER

(a) Less than N50 Million N50 Million - Less than N500 Million N500 Million - Less than N5 Billion Above N5 Billion

(b) Your Company Quoted on any Stock Exchange? Yes No

c) If answer to question (b) is Yes, indicate with Stock Exchange and the Stock Symbol:.....

3. ACCOUNT SERVICE (S) REQUIRED (Please tick applicable option below)

Card Preferences: Verve Card Master Card Visa Card

Electronic Banking Preference Internet Banking Mobile Banking ATM/POS Other Electronic Channels

Transaction Alert Preference: Email Alert SMS Alert (Fees may apply) specify

Statement Preference: Email Collection at Branch

Cheque Book Requisition:(fees applies) Opened Cheque Crossed Cheque 25 Leaves 50 Leaves 100 Leaves

The use of SunTrust Bank's Electronic Banking services is subject to certain restrictions, including geographic limitations. By subscribing to or using SunTrust Bank's Electronic Banking, you agree to the terms and conditions in the SunTrust Bank's electronic banking services agreement available on www.suntrustng.com and (after their effective date) any changes in such terms and conditions, as they apply to the use of SunTrust Bank's electronic Banking. If you do not agree with the terms and conditions, you may not use SunTrust Bank's electronic Banking.

4. CHEQUE CONFIRMATION THRESHOLD

Cheque Confirmation: Would you like to pre-confirm your cheque? Yes No

Cheque Confirmation Threshold: If the answer to the above is yes, please specify the threshold

If you would like to have a higher threshold for pre-confirmation, please specify the amount (i.e threshold above 500,000

*In line with extant law and existing regulation

ACCOUNT SIGNATORY'S DETAILS

Surname	<input type="text"/>	First Name	<input type="text"/>		
Other Name	<input type="text"/>	Mothers Maiden Name	<input type="text"/>		
Date of Birth:	<input type="text"/> <small>Day</small> <input type="text"/> <small>Month</small> <input type="text"/> <small>Year</small>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Nationality (for non-Nigerians) <input type="text"/>		
Means of Identification	<input type="text"/>	BVN:	<input type="text"/>		
Date of Issue	<input type="text"/> <small>Day</small> <input type="text"/> <small>Month</small> <input type="text"/> <small>Year</small>	ID Expiry Date	<input type="text"/> <small>Day</small> <input type="text"/> <small>Month</small> <input type="text"/> <small>Year</small>	ID No	<input type="text"/>
Occupation	<input type="text"/>	Position/Office of the Officer	<input type="text"/>		
Residential Address			Status/Job Title	<input type="text"/>	
House Number	<input type="text"/>	Street Name	<input type="text"/>		
Nearest Bus Stop/Landmark	<input type="text"/>	L.G.A	<input type="text"/>	City Town	<input type="text"/>
Mobile No:	<input type="text"/>	Email	<input type="text"/>		
Class of Signatory <small>Please indicate class in the box provided</small>	<input type="text"/>	Signature	_____	Date	<input type="text"/> <small>Day</small> <input type="text"/> <small>Month</small> <input type="text"/> <small>Year</small>

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DETAILS OF THE DIRECTORS/ EXECUTIVES/TRUSTEES

Surname Other Name

First Name Mothers Maiden Name

Date Of Birth: Gender M F

Day Month Year

Nationality (for non-Nigerians) BVN:

Means of Identification ID No

Date of Issue ID Expiry Date

Day Month Year Day Month Year

Occupation Position/Office of the Officer

Status/Job Title

Residential Address

House Number Street Name

Nearest Bus Stop/Landmark

City Town Local Govt Area

Mobile No: Home Phone No:

Email

Signature _____ Date

Day Month Year

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Surname Other Name

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Date Of Birth: Gender M F

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Signature _____ Date

Day Month Year

ACCOUNT HELD WITH OTHER BANKS

S/N	Name and Address of Bank/Branch	Account Name	Account Number	Status: Active/Dormant
1				
2				
3				
4				

We request the opening of a current account with SunTrust Bank Nigeria Limited. We certify that the above particulars are correct and agree that they and the information given herein form the basis of this relationship with the bank. We agree to be bound by the terms and conditions governing the operation of the account (s)

AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

.....
.....
.....

Dear Sir,

We hereby authorize you to debit our account with the sum of N.....being the legal cost of search conducted on our account at the Corporate Affairs Commission

Yours faithfully,

Signature_____

Signature_____

LETTER OF SET-OFF

.....
.....
.....

Miss/Mr/Mrs/Chief.....
.....

Dear Sir,,

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's account with all liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect, whether which liabilities be actual or contingent, primary or collateral, several or joint.

Signature_____

Signature_____

Account Opening Mandate

ACCOUNT NAME: ACCOUNT NO:

ADDRESS: PHONE NO:

Affix passport photograph of signatory	NAME _____
	SIGNATURE: _____ BVN: <input type="text"/>
	CLASS OF SIGNATURE _____

Affix passport photograph of signatory	NAME _____
	SIGNATURE: _____ BVN: <input type="text"/>
	CLASS OF SIGNATURE _____

Affix passport photograph of signatory	NAME _____
	SIGNATURE: _____ BVN: <input type="text"/>
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	CLASS OF SIGNATURE _____

Affix passport photograph of signatory	NAME _____
	SIGNATURE: _____ BVN: <input type="text"/>
	CLASS OF SIGNATURE _____

Stamp/Seal required? Y/N
Signing instructions/Mandate

Stamp/Seal impression

To: The Manager,
SunTrust Bank Nigeria Limited



Dear Sir,

Name of Company/Individual: _____

I/We would wish to confirm that I/We have known the above named individual/company (and its Proprietors/Partners) for _____

I/We would wish to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with:

Name of Bank: _____ Address of Bank: _____

My/Our Account No is

--	--	--	--	--	--	--	--	--	--

And my/our Phone No.(s) is/are: _____

Yours faithfully,

Signature

--

 Day

--	--

 Month

--	--

 Year

Name: _____

Address: _____

- Please Note:
1. Referees must be a current account holder either in SunTrust Bank or any other bank.
 2. Referee's account must not be less than six months old.
 3. Salary account holder(s) are not suitable referees.

"CAUTION" IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

To: The Manager,
SunTrust Bank Nigeria Limited



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--	--	--	--	--	--	--	--	--	--

And my/our Phone No.(s) is/are: _____

Yours faithfully,

Signature

--

 Day

--	--

 Month

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 Year

Name: _____

Address: _____

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SUNTRUST BANK NIGERIA LIMITED | RC NO: 204764

Lagos Office :
1, Oladele Olashore Street,
Off Sanusi Fafunwa Street,
Victoria Island, Lagos, Nigeria.
Tel: +234 (01) 2802141-5

Abuja Office:
50 Kumasi Crescent off
Aminu Kano Crescent,
Wuse II Abuja
Tel:- +234 (09) 6232117-9

Rivers State:
Plot 13/15 Trans Amadi
Industrial Layout,
Ahiamakara Diobu District,
Port Harcourt, Rivers State.

Idumota Office:
20, Ereko Street, Idumota , Lagos

Akwa Ibom :
No 13, Road 1, Abak Road,
Federal Housing Estate, Uyo.



Complaints/ Enquiries (09087331440)

www.suntrustng.com