

JOINT ACCOUNT OPENING FORM (INDIVIDUAL)

1. Personal Information (Signatory A)

Name

(Title) (Surname) (First Name) (Middle Name)

Sex M F Date of Birth DD MM YY Place of Birth

Nationality Mother's Maiden Name

Residential Address

City State Country

Mailing Address

City State Country

E-mail Phone

Identity Type Driver's License National Identity Card Int. Passport Others → Please specify

ID Number Expiry Date DD MM YY

2. Career/Employment (Signatory A)

Occupation Employer

Employer's Address

City State Country

Office Phone Ext. Fax

Bank Details Bank Bank Verification No.

Account Name Account No.

Branch Source of Funds

3. Next of Kin Information (Signatory A)

Name

Sex M F Date of Birth DD MM YY Relationship

Nationality Phone

Contact Address

Email Signature

(Signatory A)

SIGNATURE

DATE

PASSPORT PHOTOGRAPH

THUMB PRINT

4. Personal Information (Signatory B)

Name	<input type="text"/>									
	(Title)	(Surname)			(First Name)			(Middle Name)		
Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YY	Place of Birth	<input type="text"/>		
Nationality	<input type="text"/>			Mother's Maiden Name	<input type="text"/>					
Residential Address	<input type="text"/>									
City	<input type="text"/>			State	<input type="text"/>		Country	<input type="text"/>		
Mailing Address	<input type="text"/>									
City	<input type="text"/>			State	<input type="text"/>		Country	<input type="text"/>		
E-mail	<input type="text"/>						Phone	<input type="text"/>		
Identity Type	Driver's License	<input type="checkbox"/>	National Identity Card	<input type="checkbox"/>	Int. Passport	<input type="checkbox"/>	Others	<input type="checkbox"/>	→ Please specify	
ID Number	<input type="text"/>						Expiry Date	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YY

5. Career/Employment (Signatory B)

Occupation	<input type="text"/>			Employer	<input type="text"/>					
Employer's Address	<input type="text"/>									
City	<input type="text"/>			State	<input type="text"/>		Country	<input type="text"/>		
Office Phone	<input type="text"/>			Ext.	<input type="text"/>		Fax	<input type="text"/>		
Bank Details	Bank	<input type="text"/>				Bank Verification No.	<input type="text"/>			
Account Name	<input type="text"/>					Account No.	<input type="text"/>			
Branch	<input type="text"/>					Source of Funds	<input type="text"/>			

6. Next of Kin Information (Signatory B)

Name	<input type="text"/>									
Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YY	Relationship	<input type="text"/>		
Nationality	<input type="text"/>			Phone	<input type="text"/>					
Contact Address	<input type="text"/>									
Email	<input type="text"/>					Signature	<input type="text"/>			

(Signatory B)

SIGNATURE

DATE

PASSPORT PHOTOGRAPH

THUMB PRINT

7. Transfer Details

Account Name: CS Advance Finance Company Limited

Bank Name: Sterling Bank Plc

Bank Account Number: 0054404608

8. Account Mandate

Mandate authorization/Combination Rule (Please tick as appropriate)

Sole Signatory

Either to sign

Both to sign

9. Deposit Mandate

Kindly confirm your preferred mandate

Amount

Interest Rate (%)

Amount

In Words

Tenor (Please tick as appropriate)

90 Days

180 Days

365 Days

FOR OFFICIAL USE ONLY

Account Opening Requirement Checklist

Provided

Waived

Provided

Waived

1. Completed Account Opening

2. 1 (One) Passport Photograph

3. Copy of Means of Identification

4. Utility bill/Proof of Address

5. Bank Verification Number

Comments/Additional Information

Date of Account Opening

DD

MM

YY

Account No

Relationship Manager

Signature

Authorising Officer

Signature