



APPLICATION TO OPEN A BUSINESS/NON PERSONAL ACCOUNT

To: The Manager
AFC Commercial Bank

..... Branch

Customer Number

Reserve Bank Code

Industrial Classification

Portfolio Number

Dear Sirs

I/We wish to open the following account(s) in your books and hereby give the bank authority to open any of my / our subsequent business accounts, based on the information contained herein, subject to my/our written confirmation of the opening of such subsequent accounts.

SECTION ONE:

Title of Account: Nature of Business:

Form of Ownership e.g. Company, Partnership, Club, Society:

Type of Account (Indicate with an x)	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Call	<input type="checkbox"/>
	Term	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>		
STATEMENT FREQUENCY:	Monthly	<input type="checkbox"/>	When Full	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>
STATEMENT DISPOSAL	Post	<input type="checkbox"/>			Collect	<input type="checkbox"/>

Postal Address

Registered Office:.....

Business Physical address:.....

Telephone Number:..... Fax Number:.....

Other Accounts held with this bank:.....

Details of other banking relationships (account names and bankers).....

SECTION TWO:

Company: Date of Incorporation.....(certificate exhibited and copy held)

Memo and Articles of Association.....(exhibited and copy held)

Authorised and fully paid capital.....shares of \$.....each

Issued and fully paid capital \$.....

Form CR14 (Stamped by Registrar of Companies).....held

Partnership: Partnership agreement.....(exhibited and copy held)

Other bodies: Trust Deed/Constitution.....(exhibited and copy held)

Shareholders & Percent: shareholding.....

Accountants:.....

SECTION THREE

A) DIRECTORS AND OFFICIALS OF THE COMPANY/ENTITY

Full Names	Designation	Nationality	Citizenship	Nat. Reg. No.	Personal Bankers	Other Directorship + Contact Details

B) LIST OF AUTHORISED SIGNATORIES

Full Names	Designation	Nationality	Citizenship	Nat. Reg. No.	Specimen Signature

- The Bank is authorised to honour and charge to our account cheques signed by and bills accepted by any..... of the authorised signing official(s).
- The said officials **ARE/ARE NOT** empowered to receive information with regard to the company's/entity's affairs.

SECTION FOUR:

Affiliated business: including those owned or managed by some directors. etc.

Name and Address of Company	Brief description of business	Contact Details

SECTION FIVE:

- * We certify that the information given in respect of this application is true and correct and we understand that in the event of any information proving to be inaccurate, the Bank reserves the right to decline this application without giving reasons thereof.
- * We agree to be liable for any overdraft or debt which the Bank may permit on our current account or any other account in our name.
- * We understand and agree to abide by the Bank's minimum balance requirements and accept the right of the Bank to compulsorily close our account (s) without warning if the account(s) is /are not conducted satisfactorily.
- * We understand that any claim that there is an error on a Bank statement will not be enforceable unless the claim is made in writing within 30 days of the date of such statement.

Dated this.....day of.....in the year.....

FOR AND ON BEHALF OF:.....

SECRETARY.....

CHAIRMAN.....

FOR BANK USE ONLY

- * Identity documents sighted and copies held by.....(name)
- * Reports obtained: Bank by.....(name)
- Other by.....(name)
- * Account opened/declined by.....(name)

Branch Manager's Signature:.....

Date:.....