

BRANCH NAME		DATE	D	D	M	M	Y	Y	Y	Y
--------------------	--	-------------	---	---	---	---	---	---	---	---

FOR BANK USE ONLY

ACCOUNT NAME	CIF NUMBER	TYPE

(Please tick appropriately)

ACCOUNT CATEGORY	<input type="checkbox"/>	PRIVATE LIMITED COMPANY	<input type="checkbox"/>	NGOS	<input type="checkbox"/>	GOVERNMENT
	<input type="checkbox"/>	PUBLIC LIMITED COMPANY	<input type="checkbox"/>	EMBASSIES	<input type="checkbox"/>	SOLE PROPRIETORSHIP
	<input type="checkbox"/>	OTHERS (PLEASE SPECIFY)				

ACCOUNT TYPE	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>	CURRENT	<input type="checkbox"/>	INVESTMENT DEPOSIT
---------------------	--------------------------	----------------	--------------------------	----------------	--------------------------	---------------------------

CURRENCY	<input type="checkbox"/>	GMD	<input type="checkbox"/>	EURO	<input type="checkbox"/>	USD	<input type="checkbox"/>	GBP	<input type="checkbox"/>	XOF	<input type="checkbox"/>
-----------------	--------------------------	------------	--------------------------	-------------	--------------------------	------------	--------------------------	------------	--------------------------	------------	--------------------------

INITIAL DEPOSIT		MODE OF DEPOSIT	<input type="checkbox"/>	CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>
------------------------	--	------------------------	--------------------------	-------------	--------------------------	---------------	--------------------------

(Please fill the details in Capital Letters)

APPLICANT INFORMATION

Registered Name																								
Business Activity																								
Registered Address																								
Incorporation / Registration Details	Number																							
	Date	D	D	M	M	Y	Y	Y	Y	Place														
Tax Identification Number																								
Mailing Address (If different from above)																								
Telephone											Fax													
Website											Email													

OTHER INFORMATION

Services Required	<input type="checkbox"/>	ATM	<input type="checkbox"/>	Internet Banking	<input type="checkbox"/>			
	<input type="checkbox"/>	Cheque Book	<input type="checkbox"/>	SMS Alert	<input type="checkbox"/>			
	<input type="checkbox"/>	E – Statement	<input type="checkbox"/>	Email Alert	<input type="checkbox"/>			
Statement of Account Frequency	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi Annually	<input type="checkbox"/>	Annually

ACCOUNT MANDATE

We hereby certify that the following are the extracts of our board / management resolution to open an account with the bank in accordance with the resolution dated _____ (copy of which is attached herewith). We therefore, request Agib Bank to open the account and provide the services as here above in accordance with the relevant Terms and Conditions as defined below.

Personal Details of the Authorized Signatories

Title	Mr.		Mrs.		Others		Paste picture												
Surname																			
First Name																			
Other Names																			
Position																			
Telephone Number & Address																			
Date of Birth							Email Address												
Identification	ID Type	(Photocopy to be attached)																	
	Number																		
	Place of Issue							Date of Issue	D	D	M	M	Y	Y	Y	Y			
								Date of Expiry	D	D	M	M	Y	Y	Y	Y			
Tax Identification No.																			

Title	Mr.		Mrs.		Others		Paste picture												
Surname																			
First Name																			
Other Names																			
Position																			
Telephone Number & Address																			
Date of Birth							Email Address												
Identification	ID Type	(Photocopy to be attached)																	
	Number																		
	Place of Issue							Date of Issue	D	D	M	M	Y	Y	Y	Y			
								Date of Expiry	D	D	M	M	Y	Y	Y	Y			
Tax Identification No.																			

Title	Mr.		Mrs.		Others		Paste picture												
Surname																			
First Name																			
Other Names																			
Position																			
Telephone Number & Address																			
Date of Birth							Email Address												
Identification	ID Type	(Photocopy to be attached)																	
	Number																		
	Place of Issue							Date of Issue	D	D	M	M	Y	Y	Y	Y			
								Date of Expiry	D	D	M	M	Y	Y	Y	Y			
Tax Identification No.																			

DECLARATION

I/We confirm that the information given here is true and complete and that I/we have received, read and understood/have been read and fully explained to my/our understanding that AGIB's terms and conditions for the maintenance and operations of account and services as requested herein (the **"Terms and Conditions"**) and expressly agree and accept to be bound by them as amended from time to time during the currency of the relationship established as result thereof and agree on opening the account (s) as selected above with the AGIB.

I/We also confirm having read, understood and agree to be bound by the prevailing fees and charges (the **"Fees & Charges"**) and Terms and Conditions posted on our website at www.agib.gm and any amendments or additions thereto which AGIB may make from time and time.

Name and Title of Authorized Signatory	Signature
Name and Title of Authorized Signatory	Signature
Name and Title of Authorized Signatory	Signature
Name and Title of Authorized Signatory	Signature
Name and Title of Authorized Signatory	Signature
Name and Title of Authorized Signatory	Signature
Name and Title of Authorized Signatory	Signature

FOR BANK USE ONLY

APPLICATION VERIFIED BY	Name	Signature
APPROVED BY (Authorized Signatures)	Name	Signature
	Name	Signature

OTHER INFORMATION & DOCUMENTATION CHECKLIST

Photocopy of Identity documents (Passports) of Authorized Signatories	
Two (2) Passport size photographs (for each)	
Photocopy of Tax Identification Number	
For entities with any relation with the United States of America, completed FATCA form.	
DIPLOMATIC MISSIONS	
Approval of Competent Authorities	
PRIVATE / PUBLIC / FOREIGN ENTITIES	
Authenticated Memorandum and Articles of Association of entity in whose name the account is being opened	
Authenticated Board resolution or Power of Attorney nominating persons as authorized signatories to operate the account	
Certificate of Registration or Incorporation	
Resolution of parent entity to establish the local subsidiary / branch (For Foreign Entities)	
Copy of the minutes of the general assembly nominating the Board of Directors (For Private / Public Companies)	
Partnership agreement (where applicable for Partnership)	
EDUCATION ESTABLISHMENT, CLUB, SOCIETY AND NGO'S (NON-GOVERNMENTAL ORGANISATION)	
Constitution / Status	
Articles and Memorandum of Association	
Registration Certificate	
Resolution nominating the Board of Directors	
Any other document as required / requested.	