

Statement Frequency : Weekly ☐ Monthly ☐ Quarterly ☐ Semi Annually ☐ Annually ☐
 Cheque Book Requisition Fee apply: Crossed Cheque ☐ 25 Leaves ☐ 50 Leaves ☐ 100 Leaves ☐ 200 Leaves ☐

CHEQUE CONFIRMATION:

Cheque Confirmation: Will you like to pre confirm your Cheques Yes ☐ No ☐
 Cheque Confirmation Threshold: (If the answer to the above is yes, please note that the minimum confirmation threshold is currently N500,000.00)

If you would like to have a higher threshold for pre-confirmation, please specify the amount:
 (In the with extant and existing regulation)

(N)

DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY ENTITY / PROPRIETORS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS ACTIVE/DORMANT
1.				
2.				
3.				
4.				
5.				

ADDITIONAL DETAILS

Name of affiliated company
/Body

1.

2.

3.

Parent Company's Country of Incorporation

KEY CONTACT PERSON(S)

1. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:

2. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:

3. Full Name:

Job Title:

Email:

Mobile Number:

Office Address:

DETAILS OF ACCOUNT SIGNATORY 1:

Title: Surname:

First Name:

Other Name(s):

Marital Status: Single ☐ Married ☐ Others (please specify) Gender: Male ☐ Female ☐

Date of Birth: Country of Birth:

Mother's Maiden Name:

Name of Next of Kin:

L.G.A Origin: (Nigerians Only) State of Origin: (Nigerians Only)

Tax Identification No.: (if available) Religion:

Means of Identification: Identification Number:

ID Issue Date: ID Expiry Date:

(Nigerians Only)

Occupation: Status/Job Title:

Position/Office of the Signatory:

Nationality: Nigerian ☐ Others ☐ (Please specify)

Resident Permit No.: (For non-Nigerians) Permit Issue Date: (For non-Nigerians)

Permit Expiry Date: Bank Verification ID No.:

Do you have residency or Citizenship of any other Country: Yes ☐ No ☐ if yes, which Country:

Social Security No.:

Residential Address:

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State:

Mailing Address: (If different from Residential Address)

Mobile No.: Phone No.:

E-mail Address:

I hereby attest that the above information is true and complete:

Signature:

Date:

Official use only

Verified By (Full Name):

Signature:

Date:

DETAILS OF ACCOUNT SIGNATORY 2:

Title: Surname:

(please specify)

First Name:

Other Name(s):

Marital Status: Single ☐ Married ☐ Others (please specify) Gender: Male ☐ Female ☐

Date of Birth: Country of Birth:

Mother's Maiden Name:

Name of Next of Kin:

L.G.A Origin: (Nigerians Only) State of Origin: (Nigerians Only)

Tax Identification No.: (if available) Religion:

Means of Identification: Identification Number:

ID Issue Date: ID Expiry Date:

(Nigerians Only)

Occupation: Status/Job Title:

Postion/Office of the Signatory:

Nationality: Nigerian ☐ Others ☐ (Please specify)

Resident Permit No.: (For non-Nigerians) Permit Issue Date:

Permit Expiry Date: Bank Verification ID No:

(For non-Nigerians)

Do you have residency or Citizenship of any other Country: Yes ☐ No ☐ if yes, which Country:

Social Security No.:

Residential Address:

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State:

Mailing Address: (if different from Residential Address)

Mobile No.: Phone No.:

E-mail Address:

I hereby attest that the above information is true and complete:

Signature: _____

Date:

Official use only

Verified By (Full Name): _____

Signature: _____

Date:

DETAILS OF THE DIRECTOR/ EXECUTIVES/ PROMOTERS/ PRINCIPAL OFFICERS

1. Title: Surname:

(Please specify)

First Name:

Other Name(s):

Date of Birth: Country of Birth:

Day Month Year

Gender: Male ☐ Female ☐ Mother's Maiden Name:

Means of Identification Identification Number:

ID Issue Date: ID Expiry Date:

Day Month Year

Occupation: Status/Job Title:

Nationality: Nigerian ☐ Others ☐ (Please specify)

Do you have residency or citizenship of any other country: Yes ☐ No ☐ If yes, which Country:

Is your shareholding equal or greater than 10%: Yes ☐ No ☐ Bank Verification ID No:

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State: Social Security No.:

Mailing Address:

(If different from the Residential Address)

Mobile No.: Phone No.:

E-mail Address:

Signature: Date:

Day Month Year

2. Title: Surname:

(Please specify)

First Name:

Other Name(s):

Date of Birth: Country of Birth:

Day Month Year

Gender: Male ☐ Female ☐ Mother's Maiden Name:

Means of Identification Identification Number:

ID Issue Date: ID Expiry Date:

Day Month Year

Occupation: Status/Job Title:

Nationality: Nigerian ☐ Others ☐ (Please specify)

Do you have residency or citizenship of any other country: Yes ☐ No ☐ If yes, which Country:

Is your shareholding equal or greater than 10%: Yes ☐ No ☐ Bank Verification ID No:

Residential Address

House/Plot Number: Street Name:

Nearest Bus stop/Landmark:

City/Town: L.G.A:

State: Social Security No.:

Mailing Address:

(If different from the Residential Address)

Mobile No.: Phone No.:

E-mail: Address:

Signature: Date:

Day Month Year

To:
The Manager,
Infinity Trust Mortgage Bank Plc

Dear Sir,

Name Of Company

I/We would wish to confirm that we have know the above-named Company and its Director for

I/We would like 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:

My/Our Account No. is:

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

Yours Faithfully,

Signature

Date:

D	D	M	M	Y	Y	Y	Y

Name:

Address:

Please note:

1. Referees must be a current account holder either in ITMB or other banks.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

To:
The Manager,
Infinity Trust Mortgage Bank Plc

Dear Sir,

Name Of Company

I/We would wish to confirm that we have know the above-named Company and its Director for

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I/We maintain a current account with:

Name of Bank:

Address:

My/Our Account No. is:

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

Yours Faithfully,

Signature

Date:

D	D	M	M	Y	Y	Y	Y

Name:

Address:

Please note:

1. Referees must be a current account holder either in ITMB or other banks.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

ACCOUNT OPENING MANDATE

a. Mandate authorization/Combination Rule (Please tick as appropriate):

Sole Signatory ☐

Two or more ☐

If two or more to sign, please specify

b. signatories

i. Title:
(Please specify)

Please affix
passport photo

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided) ☐

Signature: _____

Date:

Day

Month

Year

ii. Title:
(Please specify)

Please affix
passport photo

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided) ☐

Signature: _____

Date:

Day

Month

Year

iii. Title:
(Please specify)

Please affix
passport photo

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided) ☐

Signature: _____

Date:

Day

Month

Year

iv. Title:
(Please specify)

Please affix
passport photo

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided) ☐

Signature: _____

Date:

Day

Month

Year

DECLARATION OF ULTIMATE BENEFICIAL OWNER (UBOs)

This form must be completed by shareholders or directors of the applying company

POLICY

The **Money Laundering Prohibition Act (MLPA) 2011** (As amended) and the **Central Bank of Nigeria (CBN) 2013 AML/CFT Regulations** require **Infinity Trust Mortgage Bank Plc** to capture and identify the details of the **Ultimate Beneficial Owners (UBOs)** of an applying corporate. the UBO is an individual who ultimately owns or controls 25% or more of the company or group of companies, or on whose behalf a transaction or activity is being conducted including decision makers whether **de jure or de facto** exercising control over the company. Where no individual owns or controls 25% or more of the company, please state "not applicable " & sign off by the authorized signatures.

DESCRIPTION

Name of Customer/Client: _____

CORPORATE ENTITIES**DETAILS OF BENEFICIAL OWNERS (UBOs)**

I/we hereby declare the above named company is ultimately owned by the following listed entities:

NO	COMPANY NAME	NATURE OF BUSINESS	%OF SHARES	RC
1.				
2.				
3.				
4.				
5.				

INDIVIDUAL**DETAILS OF ULTIMATE BENEFICIAL OWNERS(UBOs)**

I/We hereby declare that the above named company is ultimately owned by the following listed individuals:

	INDIVIDUAL A	INDIVIDUAL B	INDIVIDUAL C	INDIVIDUAL D
First Name				
Middle Name				
Last Name				
Company Name				
Nationality				
Identification Doc. with No.				
Resident Address				
% of shares				

DECLARATION

I/we acknowledge and confirm that the information provided is true and correct to the best of my/our knowledge and belief.

In case any of the specified information is found to be false, untrue, misleading or a misrepresentation, I/we am/are aware that I/we shall be criminally liable and the business relationship with Infinity Trust Mortgage Bank Plc be terminated.

I/we here by authorize sharing of this information with all relevant institution. In case the information is not provided, it will be presumed that the applicant is the ultimate beneficial owner with no declaration to submit.

In such a case, Infinity Trust Mortgage Bank Plc reserves the right to reject the application or reverse the granting of facility if subsequently it is found that the applicant has concealed the facts of beneficial ownership.

I/We also undertake to keep Infinity Trust Mortgage Bank Plc informed in writing about any change/modifications to the above information in future and also undertake to provide any other additional information as may be required.

Authorized Signature (with Company Seal).

Date

Date

Date

AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

Infinity Trust Mortgage Bank Plc

.....
.....

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the corporate Affairs Commission or relevant agency/authority.

Thank you.

Yours Faithfully,

Name and Authorized Signature of the Customer/Representative & Date

Name and Authorized Signature of the Customer /Representative & Date

DECLARATION

Hereby apply for the opening of an account with Infinity Trust Mortgage Bank Plc. we understand that the information given herein and the documents supplied are the basis for opening such account and we therefore warrant that such information is correct. We have read the terms and conditions governing the operations of the account which are presented overleaf and agree to be bound by them.

Signed, sealed & delivered by the within named person

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

Company seal

IN THE PRESENCE OF:

[illegible][illegible][illegible]

D	D	M	M	Y	Y	Y	Y

FOR BANK USE

CUSTOMER SEGMENTATION

Customer Classification Code: ☐ Description: _____

Economic Sector Code: ☐ Description: _____

Type of Depositor Code: ☐ Description: _____

RISK CLASSIFICATION

Low Risk ☐ Medium Risk ☐ HighRisk ☐

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the customer a politically Exposed person? Yes ☐ No ☐

If yes, please provide details: _____

CUSTOMER ADDRESS VERIFICATION/CALL MEMO (If applicable)

Address Visited: _____

Comment on Location - Landmarks: _____

Location - Colour of building: _____

Location - Description of building: _____

Full Name of Visiting Staff: _____ Signature: _____

D	D	M	M	Y	Y	Y	Y
☐	☐	☐	☐	☐	☐	☐	☐

CERTIFICATION

I hereby confirm that the information contained herein is correct and a true representation of the customer's profile

Full Name: _____ Signature: _____

D	D	M	M	Y	Y	Y	Y
☐	☐	☐	☐	☐	☐	☐	☐

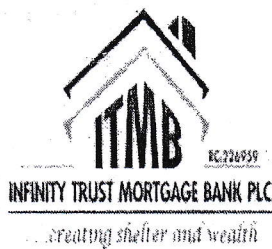
DEFERRAL/WAIVER DOCUMENTS (if any) AUTHORISED BY

Full Name: _____ Signature: _____

D	D	M	M	Y	Y	Y	Y
☐	☐	☐	☐	☐	☐	☐	☐

DOCUMENTS REQUIRED

	Checked	Deferred ((Please specify deferral period))	Waived
1. Account opening form duly completed	☐	☐ _____	☐
2. Specimen signature card duly completed	☐	☐ _____	☐
3) Copy of CAC Certificate of Registration	☐	☐ _____	☐
4) Board Resolution	☐	☐ _____	☐
5) Copy of Memorandum and Articles of Association (certified as True copy by the Registrar of Companies)	☐	☐ _____	☐
6) Form C07 Particulars of Director (certified as True copy by the Registrar of Companies and a certification by a Notary Public foreign Companies)	☐	☐ _____	☐



PRIVACY NOTICE AND CONSENT FORM.

Dear Customer,

Infinity Trust Mortgage Bank Plc is committed to protecting your personal data entrusted with us. We will therefore ensure your data is:

- a. Processed and used lawfully.
- b. Collected and maintained for a specific purpose.
- c. Retained not longer than necessary.
- d. Kept securely.

Infinity Trust Mortgage Bank Plc will use the personal information you have provided for account opening and maintenance purposes. We may also use your personal information to market our products and services that we feel may be of interest to you. However, you can contact us and request that we delete your information from our mailing list if you do not wish to continue receiving our promotions.

For more details, please read our data privacy policy on www.infinitytrustmortgagebank.com. This policy sets out your rights under the Nigeria Data Protection Regulation 2019 and explains how you can access your personal data and lodge complaint if you have concerns about how we are using it.

By signing this form, you agree that you understand how your data will be used and consent to its use as stated in our privacy policy.

You can access, make changes to, update or withdraw your information provided to us by contacting us through the following channels:

Address: Infinity Trust Mortgage Bank Plc, Infinity House, 11 Kaura Namoda Street, Off Faskari Crescent Area 3 Garki Abuja

Tel: +2349087121685; +2349087121690

Email: info@itmbplc.com

Acct Name:

Acct Number:

Signature(s):

Date: