



DIASPORA ACCOUNT

Checklist (Bank use only)

- 1. Duly completed Account Opening Form
- 2. Specimen signature card duly completed
- 3. Two (2) rec<mark>ent passport-sized photographs</mark>
- 4. Proof of identity (Original must be sighted
- Checked Deferred Waived N/A

- Resident Permit (For non-Nigerian
- 6. Two (2) independent and satisfactory references (For current account)
- 7. Proof of address (utility bills etc)
 - Letter from employer/school/NYC (For salary account)

Checked Deferred Waived N/A



DIASPORA ACCOUNT OPENING FORM-II Category of Account (Tick as appropriate)	NDIVIDUAL		
Joint Account Fixed Investment Account	nt Other Types of Account		Affix Passport Photograh
Type of Account (Please indicate the type of account you want	t to open by ticking in the box below) \$ € ¥	£	Here
Naira Current Account Naira Savings Account	nt Domiciliary Account		
(If av	ometric ID No:		
Account No. (for official use only)	s form should be completed in CAPITAL LETTERS using BLACK INK. Characte	rs and marks should be similar in style to the following ABC	
1. PERSONAL INFORMATION			
Title Surname			
First Name			
Middle Name			
Marital Status (Please tick) Single Married	Divorced Separated	G	ender F M
Mother's Maiden Name			
State of Origin		LGA	
Tax Identification Number (TIN)		Purpose of Account	
Do you have dual citizenship Yes	No If yes, please specify		
Social Security Number :			
2. CONTACT DETAILS ABROAD			
Residential Address			
Address Line1			
(Street Address) Address Line 2 (Apartment, Building, Floor etc.)			
City/Town		Postal/	
State/Province/ Region		Zip Code	
Mailing Address (If different from above)			
(interest troff above)			
Phone Number (1)	Phone Number (2)		
E-mail address			
3. CONTACT DETAILS NIGERIA			
Title Surname			
First Name			
Middle Name			
Marital Status (Please tick) Single Married	Divorced Separated	G	ender F M
Residential			
Address			
Phone Number	Relationship		
4. VALID MEANS OF IDENTIFICATION			
National ID Card National Driver's License	International Passport * Othe	rs (Please specify)	
ID No.	ID Issue Date	Y Y Y Y ID Expiry Date	D M M Y Y Y Y

^{*}People in peculiar circumstances- Artisans, Petty Traders, Students who may not have the prescribed ID's



5. ACCOUNT SERVICE(S) REQUIRE	D (Please ti	ck option b	elow)														
Card Preferences: Debit Card	Ver	ve Card			Master	card			☐ Visa	card								
Online Banking	Mob	ile B <mark>a</mark> nkir	ng		nterne	Bank	ing		USS	D Bank	king		Tok	en (F	ee apı	olies)		
Transaction Notification:	✓ SMS	S Alert (Fe	e applies	s)	- - - - - - - - - - - - - - - - - - -	ert (Fr	ree)		$ \setminus $									
Statement Preferences:		ail Alert (F			Branch													
E -s tatement Frequency:		nthly	,															
Cheque Book Requisition		en Chequ	es		Crosse	d Che	ques		50 L	eaves		[100) Leav	/es			
Kindly note that your acc	ount will b	e debited	d with a f	ee as co	st for	your c	ard (s) onc	e the aco	count i	s ope	ned						
6. EMPLOYMENT DETAIL	_						_							_				
Employment Status – Em	_	_	nployed	Ur	nemplo	yed	Re	etired	St	udent			Other	S				
Annual Salary/Expected Annual Salary: (a) Less tha			\$51,000	¢250	000		t 2 E 1 (200	500,000		(4)	ΦEΩ1	000-Le	200 th	an ¢1	000.0	nod_	
(e) \$1milion-Less than \$5r		(f) \$5mill			_				nillion-Le						ove \$			
Employer's/ Company Name											ate of empl		yment	D	D A	M M	YY	YY
Address Line1																		
Address Line2 (Apartment, Building, Floor etc.)																		
City/Town									Postal/ Zip Co									
State/Province/ Region																		
Nature of Business / Occupation								<u> </u>						<u> </u>	<u> </u>		+	\perp
Office Phone Number								Fa	ıx Numb	er								
7. DETAILS OF NEXT OF I	KIN																	
Surname															Т			
Middle Name											\dagger		† †	$\overline{}$	+			
First Name													11					\top
E-mail Address													11	Ť				
Relationship									Mobi Num				T	Ť				一
Contact Details (If different	ent from 2.	Above)							rvarri			'						
Address Line1														Т	П			
Address Line2 (Apartment, Building, Floor etc)																		
City/Town									Postal/									
State/Province/									Zip Coo	de [7/		
8. AUTHENTICATION FO	P POLITIC	`ALLV/EI	NANCIA	LIVEY	POSEL	DEDC	CON/E	ENE	EICIAL C	NA/NIE	oc .							
Is the applicant a Politically						Yes	JOIN/L	LINE		No	(5						T	
Is the applicant a Financiall	y Exposed	Person (FEP)?			Yes				No								
Name(s) of Beneficial Own		_																
9. FATCA/CRS																		
Please fill the following fie	ld if you he	old any o	ther citiz	zenship	aside N	ligeria	an aut	horit	,									
Country of Tax Residence								ign T										
Foreign Citizenship (country name)								natio ne No	nal									
Foreign Address							L1101	ie IVC										



FOR JOINT ACCOUNT HOLDER'S ONLY

1b. PERSONAL INFO	RMATION
Title	Surname
First Name	
Middle Name	
Marital Status (Please	tick) Single Married Divorced Separated Gender F M
Mother's Maiden Nam	
State of Origin	LGA
Tax Identification Num	nber (TIN) Purpose of Account
Do you have dual citize	enship Yes No If yes, please specify
Social Security Number	er:
2b. CONTACT DETAI	LS ABROAD
Residential Address	
Address Line1 (Street Address)	
Address Line2 (Apartment, Building, Floor etc.)	
City/Town	Postal/ Zip Code
State/Province/ Region	
Mailing Address (If different from above)	
Phone	Phone Number (2)
Number (1)	r none number (2)
E-mail address	
3b. CONTACT DETAI	LS NIGERIA
Title	Surname
First Name	
Middle Name	
Marital Status (Please	tick) Single Married Divorced Separated Gender F M
Residential Address	
Phone Number	
4b. VALID MEANS OF	
National ID Card \(\bigcap \)	National Driver's License International Passport *Others (Please specify)
ID No.	ID Issue Date DD MM Y Y Y Y

People in peculiar circumstances- Artisans, Petty Traders, Students who may not have the prescribed ID's



FOR JOINT ACCOUNT HOLDER'S ONLY

5b. EMPLOYMENT DETAILS	
Employment Status – Employed Self Employed Unem	nployed Retired Student Others
Annual Salary/Expected Annual Income	
Annual Salary: (a) Less than \$50,000 (b) \$51,000 - \$250,000	(c)\$251,000-\$500 <mark>,000 (d)\$501</mark> ,000-Less than \$1000,000
(e) \$1 milion-Less than \$5 milion (f) \$5 million-Less-than N10	
Employer's/ Company Name	Date of Employment (if employed)
Address Line 1 (Street Address)	
Address Line2 (Apartment, Bullding, Floor etc.)	
City/Town	Postal/ Zip Code
State/Province/ Region	
Nature of Business / Occupation	
Office Phone Number	Fax Number
6b. DETAILS OF NEXT OF KIN	
Surname	
Middle Name	
First Name	
E-mail Address	
Relationship	Mobile Number
Contact Details (If different from 2. Above)	
Address Line1 (Street Address)	
Address Line2 (Apartment, Bullding, Floor etc)	
City/Town	Postal/ Zip Code
State/Province/ Region	



10. DECLARATION:

General Terms and Conditions: INDIVIDUAL/JOINT ACCOUNTS

I/We hereby authorize the bank to open an account in my/our name(s).

Honour my/our all cheques or other orders which may be drawn on the said account until the Bank receives a written notice to the contrary, provided such cheques or orders are signed by the me/us as stated in my/our Mandate Card and to debit such cheques or orders to the said account and in consideration, I/We hereby irrevocably and unconditionally agreed and undertake as follows:

To assume full responsibility for the validity, genuineness and correctness of all endorsements appearing on all Cheques/Orders/Instruments deposited in my/our account.

To be fully responsible for the repayment of any overdraft with Interest and to comply with the Bank's rules and new rates which may be advised by the Bank from time to time.

I/We agree that in the absence of any directive to the contrary, any account(s) subsequently opened shall be operated and dealt with upon these terms in so far as the same may be applicable.

If a fraudulent activity is associated with the operation of my/our account, I/we agree that you have the right to apply restrictions to my/our account and report same to appropriate law enforcement agencies.

I/We hereby agree that the Bank is entitled at any time without notice to me/us, to combine and/or consolidate all or any of my/our account(s) or a related account(s) and set off any sum therein for the purpose of satisfaction of any of my/our liabilities to the Bank.

I/We shall keep the Bank indemnified at all times and hold the Bank harmless from all actions, proceedings, claims damages, losses, Interest and expenses (including legal costs) which may be brought against, suffered or incurred by the Bank by reason of any falsehood or inaccuracy of any statement of information of misrepresentation made to the Bank or in resolving any dispute on my/our account(s) or in enforcing the Bank's rights which may have arisen from the Bank performing its obligations.

By signing this document, you have agreed to the general electronic banking and general data protection regulation (GDPR), common reporting standard (CRS) and terms and conditions for account opening contained on our website www.titantrustbank.com

	Name of Customer	Signature & Date
	Name of Customer	Signature & Date
11. MANDATE CARD		
Name		
Account Number		Mobile phone No
Please Specify Mandate Authorization and Combination Rule	Signature Mandate	РНОТО
Introduced By:	Name:	Signature/Date
Opened By:	Name:	Signature/Date
Approved By:	Name:	Signature/Date
Risk Profile: Low Medium	High	Risk Justification
Name		Sign & Date



TITAN TRUST BANK

Reference Form

The Manager **Titan Trust Bank Limited** Branch Name of Applicant(s) Dear Sir/Madam, I/We wish to introduce the above named person who desires to open a Current Account with you. I/We have known the above named person for (period) and I/We: (Referee to comment). I/We maintain a current account with Name Of Bank:_____ Address:___ Account Name: ___ Account No:___ Yours Faithfully, Signature _____ Name _____ Address _____ Telephone Number ___

Reference Form

ita	n Trust Bank Limited
	Branch
	Name of Applicant(s)
Dea	r Sir/Madam,
desi	e wish to introduce the above named person who res to open a Current Account with you. I/We have wn the above named person for (period) and e: (Referee to comment).
_	
	e maintain a current account with
	e maintain a current account with ne Of Bank:
Nan	
Nan	ne Of Bank:
Nan Add Acc	ne Of Bank:
Acc Acc	ne Of Bank:
Acc Acc You	ne Of Bank: lress: ount Name: ount No:
Add Acc Acc You	ne Of Bank: lress: ount Name: ount No: rs Faithfully,
Add Accordance Your Sign	ne Of Bank: lress: ount Name: ount No: rs Faithfully,
Nan Add Acc You Sign Dat	ne Of Bank: lress: ount Name: ount No: rs Faithfully, nature

TITAN TRUST BANK LIMITED FATCA FORM

	Foreign Account Tax Compliance Act (FATCA)	Checklist (For Individuals & Sole Proprieto	rs)							
Nature of account: ☐ Single ☐ Joint	☐ Change in Circumstances of Existing Account									
MAILING ADDRESS										
[To be used for all correspondence	between Titan Trust Bank Limited and the account ho	older(s)]								
Section A. Customer Type (please i	indicate as applicable)									
□ Individual/Sole Proprietor Please use Account holder 1 column to provide your responses. □ Joint Please use separate column for joint account holder.										
Section B Part 1 - US Status Info	ormation (For Account Holder)									
Name of Account holder:										
Are you a US Citizen, a US Gre If Yes: Provide For If No: Proceed to		□ Yes	□ No							
2. Were you born in US? If Yes: Provide For If Yes: But you cl (i) Certificate/Written Ex (ii) A non-US passport (iii) Signed Form W-8BEN If No: Proceed to		Yes	□ No							
3. Do you have a US address or to	elephone Number?			☐ Yes	□ No					
4. Are you assigning a signatory a	authority/mandate to a person with a US address?			☐ Yes	□ No					
Section B Part 2 - US Status Info	rmation (For Joint Account Holder)									
1. Are you a US Citizen, a US Gro	een Card Holder or a US Resident*? orm W-9 and proceed to Section C below;			□ Yes	□ No					
■ If Yes: But you cl	orm W-9 and proceed to Section C below; aim being a non-US person, please provide planation of Revocation of US Nationality			□ Yes	□ No					
3. Do you have a US address or to	elephone Number?			☐ Yes	□ No					
4. Are you assigning a signatory a		☐ Yes	□ No							
For Questions 3 and 4 above: If Yes and you accept being a US person: Provide Form W-9 and proceed to Section C below; If Yes and you claim being a non-US person: Provide an ID Document (CNIC/SNIC/NICOP) showing your permanent address (which should not be a US address), OR provide Form W-8BEN & proceed to Section C; If No: No FATCA documentation required, proceed to Section C below.										
General										
1. Will there be instructions to tran		☐ Yes	□ No							
2. Will there be address on file whi		☐ Yes	□ No							
Section C. Account holder Confirmation [(to be filled by all Account holder(s)]										
I/We hereby confirm that the information provided above is true, accurate and complete. Subject to applicable local laws, I/we hereby consent for TITAN TRUST BANK LIMITED (the Company) to share my/our information with domestic or overseas regulators or tax authorities where necessary/applicable to establish my/our tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I/We consent and agree that the Company may withhold from my/our account(s) such amounts as may be required according to applicable laws, regulations and directives. I/we also agree and undertake to notify the Company within 30 calendar days if there is a change in any information which I/we have provided to the Company.										
Signature of Account holder(s)	Signature of Account Holder Joint Account Holder Signature of Account Holder									
Date:										

^{*} A person may be a US resident if the person was present for the period of 183 days or more during the current last two preceding years. For further details please refer to Tactful Questioning guidelines under the FATCA policy & procedures manual.

TITAN TRUST BANK LIMITED FATCA FORM

For Office Use Only

FATCA Documentation Checklist		Account Holder	Joint Account Holder				
Person with U.S. citizenship / U.S. Green Form W-9	en Card / U.S. residence						
Person born in U.S. Form W-9			0				
Person born in U.S. But claims being a ! Form W-8BEN; Certificate / Written Explanation of Re A non-US passport	•						
Person with U.S. address / Telephone no	umber / U.S. signatory / Other U.S. links (accepts being a U.S. person)						
Non-U.S. person) Form W-8BEN; OR	te number / U.S. signatory / Other U.S. links (accepts being a dress (which should not be a US address)						
No FATCA Documentation Required							
FATCA Classification of Account holde	er(s)						
■ US Tax Identification No. (TIN	to any question from S. No. 2 to S. No. 4 (Section B) and accepts being a US person. N); US Social Security No. (SSN), Individual Taxpayer Identification. No. (ITIN) or US						
Employer Identification No. (EIN	(N) as mentioned in Form W-9 provided by the customer						
2. Non-US Person							
•	o all question from S. No. 1 to S. No. 4 (Section B) (no documentation required) to any question from S. No. 2 to S. No. 4 (Section B) claims being a non-US person & provides require	ed documentation (as per	Section B).				
3. Recalcitrant							
Account holder refuses to provide require Accounts of such Account holder will no	red documentation (as per Section B) or refuses to provide confirmation (as per Section C). ot be opened.						
FATCA Classification of Account							
□ Non-US Account All □ Recalcitrant Account An	ny of the Account holders has been classified as US person. Il of the Account holders have been classified as non-US person. ny Account holder has been marked as Recalcitrant. Only Applicable to Existing Account Holders)						
Authorization							
We confirm that the responses of the Account holder(s) to checks in Section B have been cross verified against information provided by them in the Account Opening Form and during the KYC process and that no discrepancy has been found therein. We also confirm that duly signed and completed FATCA Documentation has been obtained from ALL Account holders as established through Section C and marked above. Moreover, each Account holder has been classified and accordingly the account status has been marked above.							
	Date and signature of	authorised representative BANK LIMITED	of TITAN TRUST				