



FCMB Bank (UK) Limited

Corporate Banking Account Opening Form

FCMB Bank (UK) Limited
81 Gracechurch Street
London
EC3V 0AU

Section 1 – Account Opening Criteria

1.1 Who Can Open An Account With Us?

We thank you for your interest in opening a Corporate Banking Account with us. To enable us appropriately situate your account, kindly provide responses to the following questions:

Confirm the pound equivalent of your company's annual turnover _____

Indicate your company's total assets value in pounds _____

Indicate the number of employees in your company _____

1.2 Required Documentation

1. Certificate of Incorporation.
2. Memorandum & Articles of Association.
3. The company's up to date Audited Financial Statements
(You will be advised if the last 3 years are required).
4. Copy of your Company's current share register.
(We do not accept company capital which incorporates bearer shares).
5. Signed Board Resolution (a template is provided in this application).

1.3 Account Type Required

Please select the account(s) you would like below:

Fixed Term Deposit Account:	GBP	USD	EUR	3Months	6Months	1Year	Over 1Year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice Deposit Account:	GBP	USD	EUR	3Months	6Months	1Year	Over 1Year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Account:	GBP	USD	EUR				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Please discuss any further needs with your assigned Relationship Manager

Section 2 - About the Company

2.1 Company's Details

Entity Name: _____

Trading Name (if applicable): _____

Company's Registration Number: _____

Registered Address _____

Correspondence Address _____
(if different from the registered address):

2.2 Authorised Contact

Full Name: _____

Position/Capacity: _____

Contact Tel/Mob Number: _____

Fax Number: _____

Email Address: _____

2.3 Auditor's Details

Name: _____

Address: _____

Phone Number: _____

Email: _____

2.4 The Company's Bankers

Name: _____

Address: _____

Time with the Bank _____

Section 3 – About the Business (Activities)

3.1 Business Activity

Nature of the Company's Business: _____

List countries where business activities are conducted: _____

Tick accordingly if your business activities involves

Import :

Export :

Both :

Neither:

Which countries do you export / remit funds to? _____

From which countries do you import / accept funds from? _____

3.2 Business Activity (Continued)

Anticipated annual turnover at FCMB Bank UK (USD): _____

Anticipated number of transactions per month: _____

Anticipated maximum amount per transaction (USD): _____

3.3 – About the Company (Tax)

Regulations based on the OECD Common Reporting Standard ("CRS") require FCMB Bank (UK) Limited to collect and report certain information about an account holder's tax residency. If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside the United Kingdom, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Her Majesty's Revenue and Customs (HMRC) or the tax authorities in the country where your company may be located.

As a Bank, we are not allowed to give tax advice. If you have any questions about the form, these instructions, or defining your tax residency status, please speak to your tax adviser or local tax authority. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal.

Please provide the below where applicable:

The company's Tax Identification Number (TIN) and or Global Intermediary Identification Number (GIIN) and or any other Tax Identification number (If applicable). _____

Country of Domicile of the Business: _____

Country of Residency of the Business: _____

Section 4 – About the Controllers

Page 5 to 7 of this form is to be completed by **ALL Directors, Nominees and Authorised Signatories** of the Company – Please fill, print/copy and complete as many copies of this page as required.

4.1 Personal Details

UK regulations require the collection of information regarding an account holder's tax residency and citizenship. Therefore, please complete the relevant questions below and provide the information requested. Please note that we may be required to share this information about you with the relevant tax authorities.

Regulations based on the OECD Common Reporting Standard ("CRS") require FCMB Bank (UK) Limited to collect and report certain information about an account holder's tax residency. If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside the United Kingdom, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Her Majesty's Revenue and Customs (HMRC) or the tax authorities in the country where your company may be located.

As a Bank, we are not allowed to give tax advice. If you have any questions about the form, these instructions, or defining your tax residency status, please speak to your tax adviser or local tax authority. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal.

Title: _____ Surname: _____

First Name: _____ Other Names _____

Date of Birth: _____ Country of Birth: _____

Town of Birth: _____ Nationality: _____

Passport Number: _____ Date of Issue: _____ Date of Expiry: _____

Email Address _____

Tax Identification Number (TIN): _____ **Residency Start Date:** _____

The format of the TIN for a number of jurisdictions is provided in the OECD information portal for CRS. For the purposes of CDOT reporting, it should be noted that Guernsey, Jersey and Gibraltar use social security numbers, whereas the Isle of Man issues National Insurance Numbers.

Please tick a reason **A B or C** in the below box, If you are unable to provide a Tax Identification Number (TIN) or any further information on your TIN status

- | | | |
|------------------|---|--------------------------|
| Reason A | The country where the account holder is tax resident does Not issue TINs to its residents | <input type="checkbox"/> |
| Reason B* | The account holder is otherwise unable to obtain a TIN or equivalent number | <input type="checkbox"/> |
| Reason C | No TIN is required.
(Note. Only select this reason if the authorities of the country of tax residence entered) | <input type="checkbox"/> |

*If **Reason B** is selected; please provide further information on **page 15**

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Current Domicile Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

Period at Domicile address, from: _____ to _____

Please fill the following if the total period at the "Domicile Address" is less than 3 years

Previous Domicile Address (1): _____

Period at Domicile address (1), from: _____ to _____

Previous Domicile Address (2): _____

Period at Domicile address (2), from: _____ to _____

Current Tax Residence Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

Correspondence Address (if applicable): _____

Employment – Current/previous

Current Employment Status: _____ Occupation (Current/Former): _____

Name of Employer (Former/Current): _____

Employers Address (Former/Current): _____

Please provide names of other entities / companies / where you are a controlling person; see Annexure C (B) for examples of capacity*

Capacity: _____

Capacity: _____

Capacity: _____

**A Controlling Person" is a natural person who exercises control over an entity. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the FATF Recommendations.*

Have you ever been involved with a company that has been subject to bankruptcy, creditor's process, insolvency, either voluntary or involuntary, or any other similar proceedings?

(If yes, please give details in the additional information sheet on **Page 15**)

Corporate Banking
Account Opening Application Form

Declaration and Signature

I understand that the entity _____ is making an application to FCMB Bank (UK) Limited for banking services. I confirm that the details contained herein above are true and complete to the best of my belief and information. Should any of the details change, or should my involvement in the entity change in any material way, I shall inform FCMB Bank (UK) Limited immediately.

I further understand that FCMB Bank (UK) Limited may make credit reference search and/or searches on other data bases for fraud prevention, anti-money laundering and sanctions/embargos for the purpose of assessing this application for opening account. I am aware that the credit reference/fraud prevention agencies may record any searches, and other lenders may use this record when assessing a credit application from me or any member of my household. By signing this application I give my consent to these searches being made by FCMB Bank (UK) Limited or its authorised entity.

Print Name: _____

Date: _____ **Signature:** _____ **Position / Capacity:** _____

Note: Please indicate the capacity in which you are signing the form. If you are signing as a Power of Attorney, please attach a certified copy of the power of attorney.

Declaration and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with FCMB Bank (UK) Limited "the Bank" setting out how the Bank may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to Her Majesty's Revenue and Customs (HMRC) and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the United Kingdom.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates. I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to advise the Bank within **30** days of any change in circumstances which affects the tax residency status of the Account Holder identified in this form or causes the information contained herein to become incorrect. This includes any changes to the information on Controlling Persons and to provide the Bank with a suitably updated self-certification and Declaration within **60** days of such change in circumstances.

Print Name: _____

Date: _____ **Signature:** _____ **Position / Capacity:** _____

Note: Please indicate the capacity in which you are signing the form. If you are signing as a Power of Attorney, please attach a certified copy of the power of attorney.

Corporate Banking
Account Opening Application Form

The Directors

1. Title:	Surname:	Other Names:
_____	_____	_____
2. Title:	Surname:	Other Names:
_____	_____	_____
3. Title:	Surname:	Other Names:
_____	_____	_____
4. Title:	Surname:	Other Names:
_____	_____	_____
5. Title:	Surname:	Other Names:
_____	_____	_____
6. Title:	Surname:	Other Names:
_____	_____	_____
7. Title:	Surname:	Other Names:
_____	_____	_____

The Directors (Specimen Signatures)

1. Full Name:	Signature
_____	_____
2. Full Name:	Signature
_____	_____
3. Full Name:	Signature
_____	_____
4. Full Name:	Signature
_____	_____
5. Full Name:	Signature
_____	_____
6. Full Name:	Signature
_____	_____
7. Full Name:	Signature
_____	_____

Print off an extra page if there are additional directors and signatures to present to us.

Section 5 - The Company's Shareholders

Page 9 to 12 of this form is to be completed by ALL Shareholders holding 10% or more of the Company – Please print/copy and complete as many copies of this page as required.

- | | |
|------------------------------|-------------|
| 1. Full Name / Entity Name : | %Share held |
| _____ | _____ |
| 2. Full Name / Entity Name : | %Share held |
| _____ | _____ |
| 3. Full Name / Entity Name : | %Share held |
| _____ | _____ |
| 4. Full Name / Entity Name : | %Share held |
| _____ | _____ |
| 5. Full Name / Entity Name : | %Share held |
| _____ | _____ |
| 6. Full Name / Entity Name : | %Share held |
| _____ | _____ |

Print off an extra page if there are additional signatures you wish to present to us.

*Note: Each shareholder holding more than 10% shareholding must complete **Section 6** and **Annexure C***

Section 6 – About the Company’s Shareholders

UK regulations require the collection of information regarding an account holder’s tax residency and citizenship. Therefore, please complete the relevant questions below and provide the information requested. Please note that we may be required to share this information about you with the relevant tax authorities.

Regulations based on the OECD Common Reporting Standard (“CRS”) require FCMB Bank (UK) Limited to collect and report certain information about an account holder’s tax residency. If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside the United Kingdom, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Her Majesty’s Revenue and Customs (HMRC) or the tax authorities in the country where your company may be located.

As a Bank, we are not allowed to give tax advice. If you have any questions about the form, these instructions, or defining your tax residency status, please speak to your tax adviser or local tax authority. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal.

Title: _____ Surname: _____

First Name: _____ Other Names _____

Date of Birth: _____ Country of Birth: _____

Town of Birth: _____ Nationality: _____

Passport Number: _____ Date of Issue: _____ Date of Expiry: _____

Email Address _____

Tax Identification Number (TIN): _____ Residency Start Date: _____

The format of the TIN for a number of jurisdictions is provided in the OECD information portal for CRS. For the purposes of CDOT reporting, it should be noted that Guernsey, Jersey and Gibraltar use social security numbers, whereas the Isle of Man issues National Insurance Numbers.

Please tick a reason **A B or C** in the below box, If you are unable to provide a Tax Identification Number (TIN) or any further information on your TIN status

- | | | |
|------------------|---|--------------------------|
| Reason A | The country where the account holder is tax resident does Not issue TINs to its residents | <input type="checkbox"/> |
| Reason B* | The account holder is otherwise unable to obtain a TIN or equivalent number | <input type="checkbox"/> |
| Reason C | No TIN is required.
(Note. Only select this reason if the authorities of the country of tax residence entered) | <input type="checkbox"/> |

*If **Reason B** is selected; please provide further information on **page 15**

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Current Domicile Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

Period at Domicile address, from: _____ to _____

Please fill the following if the total period at the "Domicile Address" is less than 3 years

Previous Domicile Address (1): _____

Period at Domicile address (1), from: _____ to _____

Previous Domicile Address (2): _____

Period at Domicile address (2), from: _____ to _____

Current Tax Residence Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

Correspondence Address (if applicable): _____

Employment – Current/previous

Current Employment Status: _____ Occupation (Current/Former): _____

Name of Employer (Former/Current): _____

Employers Address (Former/Current): _____

Please provide names of other entities / companies / where you are a controlling person; see Annexure C (B) for examples of capacity*

Capacity: _____

Capacity: _____

Capacity: _____

** A Controlling Person" is a natural person who exercises control over an entity. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the FATF Recommendations.*

Have you ever been involved with a company that has been subject to bankruptcy, creditor's process, insolvency, either voluntary or involuntary, or any other similar proceedings?

(If yes, please give details in the additional information sheet on **Page 15**)

Corporate Banking
Account Opening Application Form

Shareholders Declaration

I understand that the entity _____ is making an application to FCMB Bank (UK) Limited for banking services. I confirm that the details contained herein above are true and complete to the best of my belief and information. Should any of the details change, or should my involvement in the entity change in any material way, I shall inform FCMB Bank (UK) Limited immediately.

I further understand that FCMB Bank (UK) Limited may make credit reference search and/or searches on other data bases for fraud prevention, anti-money laundering and sanctions/embargos for the purpose of assessing this application for opening account. I am aware that the credit reference/fraud prevention agencies may record any searches, and other lenders may use this record when assessing a credit application from me or any member of my household. By signing this application I give my consent to these searches being made by FCMB Bank (UK) Limited or its authorised entity.

Print Name: _____

Date: _____ **Signature:** _____ **Position / Capacity:** _____

Note: Please indicate the capacity in which you are signing the form. If you are signing as a Power of Attorney, please attach a certified copy of the power of attorney.

Shareholders Self Certification

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with FCMB Bank (UK) Limited "the Bank" setting out how the Bank may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to Her Majesty's Revenue and Customs (HMRC) and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the United Kingdom.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise the Bank within **30** days of any change in circumstances which affects the tax residency status of the Account Holder identified in this form or causes the information contained herein to become incorrect. This includes any changes to the information on Controlling Persons and to provide the Bank with a suitably updated self-certification and Declaration within **60** days of such change in circumstances.

Print Name: _____

Date: _____ **Signature:** _____ **Position / Capacity:** _____

Note: Please indicate the capacity in which you are signing the form. If you are signing as a Power of Attorney, please attach a certified copy of the power of attorney.

Section 7 – Board Resolution & Mandate

Appointment of Bankers and Mandate to FCMB Bank (UK) Limited

This mandate is to be used for accounts for Private and/or Public Companies

Name of the company / public body;

_____ (the Company)

at a meeting held on _____, where it was resolved that FCMB Bank (UK) Limited (the Bank);

1. is appointed as the Company's bankers and authorised to cancel all existing mandates (if any) on the Company's behalf, except in relation to items and instructions dated prior to the Bank's receipt of this authority in which case; the previous authority will apply.
2. is authorised to open an account in the name of the Company and to debit the Company's accounts with cheques, payment orders and bills of exchange; and to comply with instructions including those relating to safe custody items, whether or not the Company's accounts become overdrawn or overdrafts are increased by doing so. Such items or instructions must be signed on the Company's behalf by **(tick the applicable combination below)**.

(a) any one signatory

(b) any two signatories

(c) other (specify below)

(Please specify the positions of the authorised persons; and in what combination e.g. Managing Director, alone or any two Directors together or any one Director and the Secretary)

3. has the right to refuse to allow, permit to increase, overdrafts on the Company's accounts, and may require additional documentation from the Company for some services or facilities.
4. Tick here to request for the internet banking services for the Account opened / to be opened for the company. The Company accepts such terms, conditions, stipulation laid down by the Bank from time to time for the purpose.

It was resolved, that such appointment and authorization having regard of all relevant matters, is in the best commercial interest of the Company.

It is also agreed by the Company that:

1. any debt incurred to the Bank, or other liability incurred in the course of business with the Bank under this mandate shall, in the absence of written agreement by the Bank to the contrary, be repayable on demand.

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2. the Company will supply the Bank as and when necessary with list of persons authorised to sign, given receipts and act on behalf of the Company, and that the Bank may rely upon such lists (**Annexure B**).
3. these resolutions be communicated to the bank and remain in force until changed by a resolution passed by the board of directors and a copy, certified by the Chairman and Secretary, is received by the Bank.

This authority is to apply to all existing and future accounts that the Company maintains with the Bank until varied by the Company.

We confirm that the above is an accurate statement of the resolution(s) passed at the meeting.

Chairman / Director

Company Secretary / Director

Signature:

Signature:

Name:

Name:

Date:

Date:

Additional Information

A large, empty rectangular box with a thin black border, intended for providing additional information.

Annexure A – Indemnity Form for Facsimile, Electronic or Telephone Instructions (Optional)

At a meeting of the Board of Directors of _____ (the "Company")

held at _____ on _____ It was resolved that:-

1. FCMB Bank (UK) Limited, (referred to as the "Bank" hereafter) be requested and authorized to accept and act upon instructions delivered orally by telephone or by facsimile or other electronic means (including by way of email) and purporting to be given for and on behalf of the Company from the following individuals: (insert details below)

	View Only	Instruct Only
Title: _____ Surname: _____ Other Names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Title: _____ Surname: _____ Other Names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Title: _____ Surname: _____ Other Names: _____	<input type="checkbox"/>	<input type="checkbox"/>

In consideration of the Bank agreeing to rely upon instructions delivered as aforesaid, it was further resolved that the Company enter into a funds transfer instruction (the "Funds Transfer Instruction") in favour of the Bank and that the Company expressly discharge the Bank from any liability arising from having carried out such instructions pursuant to the Funds Transfer Instruction.

2. The Company assumes all the risks implied by giving instructions under the Funds Transfer Instruction in the manner described at resolution 1 above and, in particular, to the risk of error in transmission, mistake or identification errors, and fully discharge the Bank from any liability for the same.

3. The Company accepts that the Bank at its sole discretion may from time to time use electronic devices to record any or all telephone instructions. In the event of any dispute as to the content or veracity of any instruction, it was further resolved that the Company acknowledge and accept that the contents of any such recording shall be conclusive and that the Bank's understanding of any oral instructions, including any tape thereof shall be binding upon the Company.

4. In cases of doubt as to the authenticity of any instruction purporting to be given on behalf of the Company, the Bank may at its sole discretion postpone the carrying out of any order given by telephone, facsimile or other electronic means until it has received written confirmation or such other confirmation as it will deem appropriate.

5. The Company **requires** **does not require** (tick as appropriate) the Bank to verify by telephone the authenticity of any instruction received by it (if no tick is made instructions will not be verified). If verification is required the Company agrees to pay the charge for this service as shown in the Bank's Tariff and Charges.

All such matters referred to in resolutions 1-5 above would, after having regard to all relevant matters, be in the best commercial interests of the Company.

Signed for and on behalf of the Company

(in accordance with the mandate the Company has already issued to the Bank.)

Chairman/Director	Company Secretary/Director	<i>Certified a true copy of the Board Resolution</i> Company Secretary
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature: _____	Signature: _____	Signature: _____
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name: _____	Name: _____	Name: _____
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date: _____	Date: _____	Date: _____

Annexure B – Account Authorised Signatory List

1. Entity Details

Business Name	Business Address
<input type="text"/>	<input type="text"/>

2. Signatories

Full Name(s): <input type="text"/>	Specimen Signature & Date Signed
Contact Phone Number: <input type="text"/>	
Email: <input type="text"/>	
Title / Position: <input type="text"/>	
Date of Birth: <input type="text"/>	
Full Name(s): <input type="text"/>	Specimen Signature & Date Signed
Contact Phone Number: <input type="text"/>	
Email: <input type="text"/>	
Title / Position: <input type="text"/>	
Date of Birth: <input type="text"/>	
Full Name(s): <input type="text"/>	Specimen Signature & Date Signed
Contact Phone Number: <input type="text"/>	
Email: <input type="text"/>	
Title / Position: <input type="text"/>	
Date of Birth: <input type="text"/>	

Print off an extra page if there are additional signatures you wish to present to us.

This must be accompanied by a completed Board Resolution as provided on page 13

Annexure C – Other Information (for Shareholders)

A. Please fill in the below and circle and tick the appropriate boxes if you are a tax resident in any of the below reportable jurisdictions.

Name: _____

Albania	<input type="checkbox"/>	Croatia	<input type="checkbox"/>	Ireland	<input type="checkbox"/>	Poland	<input type="checkbox"/>
Andorra	<input type="checkbox"/>	Curacao	<input type="checkbox"/>	Isle of man	<input type="checkbox"/>	Portugal	<input type="checkbox"/>
Anguilla	<input type="checkbox"/>	Cyprus	<input type="checkbox"/>	Italy	<input type="checkbox"/>	Romania	<input type="checkbox"/>
Antigua and Barbuda	<input type="checkbox"/>	Czech Republic	<input type="checkbox"/>	Japan	<input type="checkbox"/>	Russian Federation	<input type="checkbox"/>
Argentina	<input type="checkbox"/>	Denmark	<input type="checkbox"/>	Jersey	<input type="checkbox"/>	Saint Kitts and Nevis	<input type="checkbox"/>
Aruba	<input type="checkbox"/>	Estonia	<input type="checkbox"/>	Korea	<input type="checkbox"/>	Saint Lucia	<input type="checkbox"/>
Australia	<input type="checkbox"/>	Faroe islands	<input type="checkbox"/>	Latvia	<input type="checkbox"/>	Saint Vincent and the Grenadines	<input type="checkbox"/>
Austria	<input type="checkbox"/>	Finland	<input type="checkbox"/>	Liechtenstein	<input type="checkbox"/>	Samoa	<input type="checkbox"/>
Barbados	<input type="checkbox"/>	France	<input type="checkbox"/>	Lithuania	<input type="checkbox"/>	Seychelles	<input type="checkbox"/>
Belgium	<input type="checkbox"/>	Germany	<input type="checkbox"/>	Luxembourg	<input type="checkbox"/>	Sint Maarten	<input type="checkbox"/>
Belize	<input type="checkbox"/>	Ghana	<input type="checkbox"/>	Malaysia	<input type="checkbox"/>	Slovak Republic	<input type="checkbox"/>
Bermuda	<input type="checkbox"/>	Gibraltar	<input type="checkbox"/>	Malta	<input type="checkbox"/>	Slovenia	<input type="checkbox"/>
British Virgin Islands	<input type="checkbox"/>	Greece	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	South Africa	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	Greenland	<input type="checkbox"/>	Mauritius	<input type="checkbox"/>	Spain	<input type="checkbox"/>
Canada	<input type="checkbox"/>	Grenada	<input type="checkbox"/>	Mexico	<input type="checkbox"/>	Sweden	<input type="checkbox"/>
Cayman Islands	<input type="checkbox"/>	Guernsey	<input type="checkbox"/>	Monaco	<input type="checkbox"/>	Switzerland	<input type="checkbox"/>
Chile	<input type="checkbox"/>	Hungary	<input type="checkbox"/>	Montserrat	<input type="checkbox"/>	San Marino	<input type="checkbox"/>
Colombia	<input type="checkbox"/>	Israel	<input type="checkbox"/>	Netherlands	<input type="checkbox"/>	Turks & Caicos Islands	<input type="checkbox"/>
Cook Islands	<input type="checkbox"/>	Iceland	<input type="checkbox"/>	New Zealand	<input type="checkbox"/>	United Kingdom	<input type="checkbox"/>
China (people's republic of)	<input type="checkbox"/>	India	<input type="checkbox"/>	Niue	<input type="checkbox"/>	United States of America	<input type="checkbox"/>
Costa Rica	<input type="checkbox"/>	Indonesia	<input type="checkbox"/>	Norway	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>

B. Please tick appropriate description below, which identifies the capacity in which you own or *control* the company. You'll only need to tick this, if you are a tax resident in a reportable jurisdiction.

CP* Type	Description	Tick Here
801	CP of a legal person – ownership	<input type="checkbox"/>
802	CP of a legal person – other means	<input type="checkbox"/>
803	CP of a legal person – senior managing official	<input type="checkbox"/>
804	CP of a legal arrangement – trust – settlor	<input type="checkbox"/>
805	CP of a legal arrangement – trust – trustee	<input type="checkbox"/>
806	CP of a legal arrangement – trust – protector	<input type="checkbox"/>
807	CP of a legal arrangement – trust – beneficiary	<input type="checkbox"/>
808	CP of a legal arrangement – trust – other	<input type="checkbox"/>
809	CP of a legal arrangement – other – settlor-equivalent	<input type="checkbox"/>
810	CP of a legal arrangement – other – trustee-equivalent	<input type="checkbox"/>
811	CP of a legal arrangement – other – protector-equivalent	<input type="checkbox"/>
812	CP of a legal arrangement – other – beneficiary-equivalent	<input type="checkbox"/>
813	CP of a legal arrangement – other – other-equivalent	<input type="checkbox"/>

Please supply any relevant information (if any) to support your selection.

*Controlling Person (CP)

Annexure C - Checklist

Please review the checklist and ensure requested items have been provided and the form filled accordingly, please ensure;

1. Has your Account Opening Application Form been completed and signed;
2. The directors, nominees and or authorised signatories have completed page 5 to 7;
3. The directors have completed page 8;
4. The shareholders have completed pages 9 to 12;
5. Have you filled the Board Resolution and Mandate on Page 13;
6. Further information has been provided accordingly on – page 14;
7. The Fax, electronic or telephone indemnity form is completed as provided in **Annexure A**.
8. Have you filled the Signatory List on **Annexure B**;
9. The shareholders have provided the additional information required in **Annexure C**;
10. You have included / provided an original or *certified true copy* of the company's certificate of incorporation; memorandum & articles of association or equivalent;
11. Provided all tax relevant information for the company, directors, nominees and or authorised signatories shareholders as applicable.
12. 3 years audited financial statements (*if applicable, you'll be advised accordingly*);
13. Completed personal details Form for each director, authorised signatory(ies) and shareholder holding more than 10% of the Company together with supporting proofs of identity* and address**;
14. You have completed the FCMB Bank UK Corporate Portal request form, (*if you require the service*).

* Valid international passport, full driving licence or identity card of an EU member state original or certified

** Provide any TWO items from the below:

- a) Original or certified true copy bank statement issued within the last 3 months; and / or
- b) Original or certified true copy current (not older than 3 months) utility bill e.g. gas, electricity or water (mobile phone bills or other bills printed off the internet are not acceptable); and / or
- c) Original or certified true copy driving licence only where it has not been presented as proof of identity

All the above documents must be addressed to you and your residential address

Please note **Certified True** copies have to be verified against sighted originals and signed by an authorised member of staff at FCMB Bank (UK) Limited or First City Monument Bank Ltd or an acceptable authorised Financial Institution or registered solicitor / notary public.

Upon receipt, we shall carry-out Know Your Customer (KYC) checks and may request further clarifications or additional documentation. FCMB Bank (UK) Limited reserves the right to verify, in certain circumstances, the identity and address of all the shareholders and ultimate beneficial owners of the company.

Your completed application should be addressed and sent to the Corporate Banking team;

To either
FCMB Bank (UK) Limited
81 Gracechurch Street,
London
EC3V 0AU
United Kingdom

Or the Lagos office
FCMB Bank (UK) Limited
Lagos Liaison Office
38 Adeola Hopewell Street,
Victoria Island,
Lagos.