

ASO FLOURISH ACCOUNT

Account Opening Check List (Please ensure all of the documents listed below are attached)

- One recent passport photograph of account holder (child) (full face forward)
- Duly completed and signed signature mandate card (form attached)
- Utility bill issued within the last three months
- Valid Identification for each signatory (International Passport, Drivers License, National I.D)
- Valid resident permits (foreigners only)
- Two references IRO account signatories
- Birth Certificate

E-Channel Options

- ASO mobile
- Internet banking
- ASO Xpress Card (ATM card)

Terms and Conditions apply

ALL ORIGINALS OF DOCUMENTS TO BE SIGHTED.

Account Name

Account Number

Signature/Date

Title Master Miss

Surname

First Name Middle Name

Nationality Date of Birth (dd/mm/yy)

Residential Address (Number, Street, Town, State)

Name of School

School Address

Class

Mother's Maiden Name

Phone E-Mail

Sex Male Female

Hobbies

I certify that the above information is true and correct

Signature & Date

dd mm yy

Special Instruction

Statement Mailing Instruction(Manadatory) Post E-Mail Hold

Mailing Address

PARENT/GUARDIAN'S PERSONAL DATA

PARENT/GUARDIAN'S PERSONAL DATA

Title Mr. Mrs. Miss Others

Surname

First Name

Middle Name

Nationality

Date of Birth (dd/mm/yy)

Residential Address (Number, Street, Town, state)

Business/Occupation

Employer: Name and address

Tax Identification Number

Approximate Annual Sal/Income (₦)

Mother's Maiden Name

Home Phone

Office Phone/Fax

Mobile Phone

E-mail

Sex Male Female

Marital Status Married Single Others

If Married, Name of Spouse

Account No. of Parent (Optional)

I certify that the above information is true and correct

Signature & Date dd /mm /yy

Title Mr. Mrs. Miss Others

Surname

First Name

Middle Name

Nationality

Date of Birth (dd/mm/yy)

Residential Address (Number, Street, Town, state)

Business/Occupation

Employer: Name and address

Tax Identification Number

Approximate Annual Sal/Income (₦)

Mother's Maiden Name

Home Phone

Office Phone/Fax

Mobile Phone

E-mail

Sex Male Female

Marital Status Married Single Others

If Married, Name of Spouse

Account No. of Parent (Optional)

I certify that the above information is true and correct

Signature & Date dd /mm /yy



CUSTOMER DECLARATION

I hereby authorize ASO Savings and Loans Plc to open an ASO Flourish Account in my child/ward's name for banking services confirming that all details supplied by me are true and complete.

TERMS AND CONDITIONS

1. To guard against access to withdrawal slip by unauthorized persons.
2. To act as Sole/co-signatory to the account.
3. That interest will be allowed at such rate and on such terms and conditions the bank will from time to time announce. The current rate of interest allowed shall at all times be ascertained at the bank.
4. That the Bank must be notified of any change in the address, status or data of the account holder or signatory on the basis of withdrawal slip.
5. That the applicable minimum balance shall be maintained on my account. That the Bank reserves the right at any time without notice to alter the terms and conditions on which savings accounts are conducted.

Dated this.....day of.....year.....

NAME <input style="width: 100%; height: 20px;" type="text"/>	SIGNATURE (Over Stamp)
DESIGNATION 1 <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
NAME <input style="width: 100%; height: 20px;" type="text"/>	
DESIGNATION 2 <input style="width: 100%; height: 20px;" type="text"/>	SIGNATURE (Over Stamp)
NAME <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
DESIGNATION 3 <input style="width: 100%; height: 20px;" type="text"/>	
NAME <input style="width: 100%; height: 20px;" type="text"/>	SIGNATURE (Over Stamp)
DESIGNATION 3 <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>

FOR BANK USE ONLY

DOCUMENT CHECK LIST

Passport photograph of each signatory	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Signature mandate card	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Valid residence permit (for foreigners)	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Valid Identity document	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Two References	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Valid proof of address/Utility bill/CAV	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
KYC	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived	Others	<input type="checkbox"/> Yes	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived

Date deferrals to be regularized	dd/mm/yy <input style="width: 60px;" type="text"/>	
Customer Address Verified by	<input style="width: 350px;" type="text"/>	Staff Signature & Date
Accounts sourced by:	<input style="width: 350px;" type="text"/>	<input style="width: 350px;" type="text"/>
Account Officer:	<input style="width: 350px;" type="text"/>	<input style="width: 350px;" type="text"/>
Deferral/Waiver authorized by:	<input style="width: 350px;" type="text"/>	<input style="width: 350px;" type="text"/>
Account checked & opened by (CSO):	<input style="width: 350px;" type="text"/>	<input style="width: 350px;" type="text"/>
Account authorized by (HOP):	<input style="width: 350px;" type="text"/>	<input style="width: 350px;" type="text"/>