

Customer Id:

GFSL Account Number:

CORPORATE REGISTRATION FORM

PLEASE COMPLETE IN BLOCK LETTERS

BUSINESS DETAILS

Business Name

Registration Number

Business Address

Landmark LGA

City State

Email Address

Phone/Mobile 1 Phone 2

Business Type

Ownership Type: Sole Proprietorship Public Company Private Company Partnership

Business Premises Type: Rented Owned Shared

Years business has been in existence

Number of Directors TIN

SIGNATORIES DETAILS

1. Title Mr. Mrs. Miss Others (please specify)

Name

Surname First Name Other Names

Designation Director Owner Partner Others (please specify)

Marital Status: Married Single Separated Divorced

Date of birth

Nationality Tel/Mobile

E-mail

Residential Address (No P.O. Box)

Landmark LGA

City State

Means of Identification: Driver's ID National ID Int'l Passport Voter's Card

Issue Date Expiry Date

Identification Number BVN

Spouse's Name

Spouse's Mobile TIN

2. Title Mr. Mrs. Miss Others (please specify)

Name

Surname First Name Other Names

Designation Director Owner Partner Others (please specify)

Marital Status: Married Single Separated Divorced

Date of birth

Nationality Tel/Mobile

E-mail

Residential Address (No P.O. Box)

Landmark LGA

City State

Means of Identification: Driver's ID National ID Int'l Passport Voter's Card

Issue Date Expiry Date

Identification Number BVN

Spouse's Name

Spouse's Mobile TIN

Bank Details to Credit: Account Name:

(for borrowing) Bank Account No.

3. Title Mr. Mrs. Miss Others (please specify)

Name

Designation Surname First Name Other Names
 Director Owner Partner Others (please specify)

Marital Status: Married Single Separated Divorced

Date of birth / /

Nationality Tel/Mobile

E-mail

Residential Address (No P.O. Box)

Landmark LGA

City State

Means of Identification: Driver's ID National ID Int'l Passport Voter's Card

Issue Date / / Expiry Date / /

Identification Number BVN

Spouse's Name

Spouse's Mobile TIN

Bank Details to Credit: Account Name:
 (for borrowing) Bank Account No.

DECLARATION

We hereby declare that the information provided is true and correct. We also understand that any willful dishonesty may render for refusal of this registration. We also understand we are entitled to update and correct the above information and agree that this information is valid only within the year of registration.

Signature _____ Signature _____ Signature _____

Director Director Director

Introduced by:

Account Officer:

REGISTRATION PACKAGES

Package	Range	Fee	Tick
Bronze	250,000.00 - 1,000,000.00	5,000.00	<input type="checkbox"/>
Silver	1,000,001.00 - 2,500,000.00	10,000.00	<input type="checkbox"/>
Gold	2,500,001.00 - 5,000,000.00	15,000.00	<input type="checkbox"/>
Diamond	5,000,001.00 & 10,000,000.00	20,000.00	<input type="checkbox"/>
Platinum	10,000,001 - 50,000,000.00	25,000.00	<input type="checkbox"/>

Please note that this is a non-refundable annual account subscription fee

SIGNATORIES MANDATE

Signatory 1 Sole Signatory Two or More (please specify)

Title Mr. Mrs. Miss Others (please specify)

Affix Passport Photograph

Surname

First Name

Other Name

Class of Signatory

Signature _____ Date:

Signatory 2 Sole Signatory Two or More (please specify)

Title Mr. Mrs. Miss Others (please specify)

Affix Passport Photograph

Surname

First Name

Other Name

Class of Signatory

Signature _____ Date:

Signatory 3 Sole Signatory Two or More (please specify)

Title Mr. Mrs. Miss Others (please specify)

Affix Passport Photograph

Surname

First Name

Other Name

Class of Signatory

Signature _____ Date:

Signatory 4 Sole Signatory Two or More (please specify)

Title Mr. Mrs. Miss Others (please specify)

Affix Passport Photograph

Surname

First Name

Other Name

Class of Signatory

Signature _____ Date: