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CORPORATE REGISTRATION FORM Incorporated/ Non-Incorporated

Customer Id: [] GFCL Account Number: [] Ownership Type: Sole Proprietorship [] Public Company [] Private Company [] Partnership [] Schools [] MDAs [] NGOs [] Club/Society [] Others.....

PLEASE COMPLETE IN BLOCK LETTERS

1. COMPANY DETAILS

Company/ Business Name [] Certificate of Incorporation/ Registration Number [] Date of Incorporation/ Registration [] Type/ Nature of Business [] Sector/ Industry [] Operating Business Address 1 [] Operating Business Address 2 [] Landmark [] LGA [] City [] State [] Company Email address [] Phone/Mobile No. 1 [] Phone No. 2 [] Website (if any) [] Tax Identification NO. (TIN) [] SCUML Reg No. [] No. of Years business has been in existence [] Business Premises Type: Rented [] Owned [] Shared [] Number of Directors [] CRM No. Borrower's Code []

2. ANNUAL TURNOVER

a. less than N50 Million [] Between N50 million and N500 Million [] Between N500 Million and N5 billion [] Above N5 Billion [] b. Sources of funds (Economic activities that generate income) [] c. Is your Company quoted on any Stock Exchange Yes [] No [] d. If answer to question © is yes. Indicate which stock exchange []

3. SIGNATORIES DETAILS

1. Title Mr. [] Mrs. [] Miss [] Others (please specify) [] Name Surname [] First Name [] Other Names [] Marital Status (please tick) Single [] Married [] Others (please specify) [] Gender M [] F [] BVN [] TIN [] Date of Birth [] Place of Birth [] State of Origin [] LGA of Origin [] Nationality (for non Nigerian) [] Resident Permit No. [] Mother's Maiden Name [] NIN [] Permit Issue Date [] Permit Issue Date [] Tel/Mobile No. [] Alt. Mobile No. [] E-mail [] Residential Address (Not P.O. Box) [] Landmark [] LGA [] City/Town [] State [] Spouse's Name (If any) Surname [] First Name [] Other Names [] Spouse's Mobile No. [] Residential Address (Not P.O. Box) [] Landmark [] LGA [] City [] State [] Social Media Handle 1 [] 2 []

I here by Attest That the information provided are complete and True

Class of Signatory [] Signature [] Date []

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

Name

Marital Status (please tick) Single Married Others (please specify) Gender M F

BVN TIN

Date of Birth / / Place of Birth

State of Origin LGA of Origin

Nationality (for non Nigerian) Resident Permit No.

Mother's Maiden Name NIN

Permit Issue Date / / Permit Issue Date / /

Tel/Mobile No. Alt. Mobile No.

E-mail

Residential Address (Not P.O. Box)

Landmark LGA

City/Town State

Spouse's Name (If any) Surname First Name Other Names

Spouse's Mobile No.

Residential Address (Not P.O. Box)

Landmark LGA

City State

Social Media Handle 1 2

I here by Attest That the information provided are complete and True

Class of Signatory Signature _____ Date / /

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

Name

Marital Status (please tick) Single Married Others (please specify) Gender M F

BVN TIN

Date of Birth / / Place of Birth

State of Origin LGA of Origin

Nationality (for non Nigerian) Resident Permit No.

Mother's Maiden Name NIN

Permit Issue Date / / Permit Issue Date / /

Tel/Mobile No. Alt. Mobile No.

E-mail

Residential Address (Not P.O. Box)

Landmark LGA

City/Town State

Spouse's Name (If any) Surname First Name Other Names

Spouse's Mobile No.

Residential Address (Not P.O. Box)

Landmark LGA

City State

Social Media Handle 1 2

I here by Attest That the information provided are complete and True

Class of Signatory Signature _____ Date / /

4. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTERS/EXECUTORS.ADMINISTRATORS/PRINCIPAL OFFICERS

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

Name

Surname First Name Other Names

Marital Status (please tick) Single Married Others (please specify) Gender M F

BVN TIN

Date of Birth / / Place of Birth

State of Origin LGA of Origin

Nationality (for non Nigerian) Resident Permit No.

Mother's Maiden Name NIN

Permit Issue Date / / Permit Issue Date / /

Tel/Mobile No. Alt. Mobile No.

E-mail

Residential Address (Not P.O. Box)

Landmark LGA

City/Town State

Residential Address (Not P.O. Box)

Landmark LGA

City State

Social Media Handle 1 2

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

Name

Surname First Name Other Names

Marital Status (please tick) Single Married Others (please specify) Gender M F

BVN TIN

Date of Birth / / Place of Birth

State of Origin LGA of Origin

Nationality (for non Nigerian) Resident Permit No.

Mother's Maiden Name NIN

Permit Issue Date / / Permit Issue Date / /

Tel/Mobile No. Alt. Mobile No.

E-mail

Residential Address (Not P.O. Box)

Landmark LGA

City/Town State

Social Media Handle 1 2

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

Name

Surname First Name Other Names

Marital Status (please tick) Single Married Others (please specify) Gender M F

BVN TIN

Date of Birth / / Place of Birth

State of Origin LGA of Origin

Nationality (for non Nigerian) Resident Permit No.

Mother's Maiden Name NIN

Permit Issue Date / / Permit Issue Date / /

Tel/Mobile No. Alt. Mobile No.

E-mail

Residential Address (Not P.O. Box)

Landmark LGA

City/Town State

Social Media Handle 1 2

FUND PLACEMENT AND BANK DETAILS

Amount Placed Tenor
Bank Details to Credit: Account Name:
Bank Account No.

REGISTRATION PACKAGES

Package	Range	Fee	Tick
Bronze	500,000.00 - 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

OFFICIAL USE

Introduced by:
Account Officer's Name:
Signature:..... Date:
Account profiled by:
Signature:..... Date:
Approved by:
Signature:..... Date:

SIGNATORIES MANDATE

Mandate authorisation / combination rule (please tick as appropriate)

Sole Signatory Two or More (please specify)

if two or more are to sign, please specify

Signatory 1



Class of Signatory

Sole Signatory Two or More (please specify)

Title Mr. Mrs. Miss Others (please specify)

Surname

First Name

Other Name

Signature _____

Date / /

Signatory 2



Class of Signatory

Sole Signatory Two or More (please specify)

Title Mr. Mrs. Miss Others (please specify)

Surname

First Name

Other Name

Signature _____

Date / /

Signatory 3



Class of Signatory

Sole Signatory Two or More (please specify)

Title Mr. Mrs. Miss Others (please specify)

Surname

First Name

Other Name

Signature _____

Date / /

Signatory 4



Class of Signatory

Sole Signatory Two or More (please specify)

Title Mr. Mrs. Miss Others (please specify)

Surname

First Name

Other Name

Signature _____

Date / /

Director



Director/Company Secretary