



SIB (LIBERIA) LIMITED

LUKE BUILDING, BROAD & JOHNSON STREETS
OPP. SPORTS COMMISSION
MONROVIA - LIBERIA

CORPORATE CURRENT ACCOUNT OPENING FORM

Please complete all the relevant portions of the Application Form and Account Opening mandate and return package along with the following documents:

1. One Complete Signature Card
2. One Reference form duly completed by an individual or company maintaining a current account with a bank in Liberia (Detachable Reference forms are included in this package).
3. Copy Certificate of Incorporation (Original to be available for sighting by the bank).
4. Printed copy of Memorandum and Articles of Association (By-Laws) of the company duly signed by the subscribers.
5. One Passport Photography of each signatory.
6. Copy of Current Certificate of Business Registration (For Public / Private Companies only).
7. Valid ID (Passport, Driver's License, National ID, Voter Registration Card)

CORPORATE CURRENT ACCOUNT OPENING APPLICATION FORM

CUSTOMER INFORMATION

Company Name:	<div></div>
Certificate of Incorporation Number:	<div></div>
Date of Incorporation:	<div></div>
Registered Office:	<div></div>
Contact (Telephone numbers)	<div></div>
Email:	<div></div>
Nature of Business:	<div></div>
Estimated Annual Turnover:	<div></div>
Business Address:	<div></div>
Names of Contact Persons:	<div></div>

COMMUNICATION INFORMATION

Correspondence:	<div></div>
Address:	<div></div>
E-Mail Address:	<div></div>
Telephone:	<div></div>
Should mail be sent or held for collection:	Sent <input type="checkbox"/> Held <input type="checkbox"/>

REFERENCE INFORMATION

Accounts held with other Banks:

BANK 1

Name:	<div></div>
Address:	<div></div>
A/C No:	<div></div>

BANK 2

Name:	<div></div>
Address:	<div></div>
A/C No:	<div></div>

DECLARATION

We apply for opening of an Account (s) with SIB Liberia Limited. We understand that the information given herein is the basis for opening such account (s) and therefore warrant that such information is correct. We agree to be bound by the terms and conditions governing the operation of the account(s).

Authorized Signature

Date

Authorized Signature

CORPORATE ACCOUNT MANDATE RESOLUTIONS

To: **SIB LIBERIA LIMITED**

At a meeting of the Board of Directors of _____

held at _____ on the _____ day of _____, the following resolutions were

duly passed:

1. APPOINTMENT OF BANKERS:

RESOLVED that SIB Liberia Limited (hereinafter to as "The Bank") be and is hereby appointed as Banker to the company).

2. OPENING OF AN ACCOUNT:

RESOLVED that a current account be opened with The Bank.

3. DEPOSITS AND WITHDRAWALS:

RESOLVED that until further order of Board of Directors, any funds of this company deposited in the bank be subject to withdrawal or change at any time and from time to time upon cheques, noted, drafted, bills of exchange, acceptance, undertaking, or endorsed on behalf of this company by the authorized signatures as stated in the column below.

RESOLVED that The Bank is hereby authorized to pay any such instrument or make any such change and also receive the same from the payee or any other holder without inquiry as to the circumstances of issues or the deposition of the proceeds even if drawn to the individual order of any signing person, or payable to the bank of others for the account, or tendered in payment of this company or in the name of any officer or agent of this company as such, and at the option of the bank even if the account shall not be in credit to the full account of such instrument or change.

RESOLVED that prompt notice be given in such manner as Bank may from time to time specify of instruments not to honour any cheques, bills of exchange, promissory notes, deposit receipts and other orders for the payment of money drawn, endorsed or accepted on behalf of the company and indemnify the Bank of any loss arising from such non payment.

4. LOANS, CREDITS AND SECURITY:

RESOLVED that authorized signatories as stated in the column below are hereby authorized on behalf of this company.

- a. To borrow money and to obtain credit for this company from the bank or any terms and to make and deliver notes, drafts, acceptances, instruments of guarantee, agreement, and any other obligations of this Company therefore in from satisfactory to the bank.
- b. To grant security interest in and/ or pledge or assign and deliver, as security for money borrowed or credit obtained, stocks, bonds, instruments, bill receivable, accounts, mortgages, merchandise, bill of lading, warehouse, receipts and other documents, insurance policies, certificate and other property now or hereafter held by or belonging to this company, with full authority to endorse, assign or guarantee any of the same in the name of the company.
- c. To discount any bills receivable or any paper held by this company with full authority to endorse the name of this company.
- d. To withdraw from the bank and give receipt for, or to authorize the bank to deliver to the bearer or to more designated persons, all or any documents and securities or other property held as collateral security or for safe keeping or for any other purpose.
- e. To authorize and request in the Bank to purchase or sell for account of this company's stocks, bonds and other securities.
- f. To execute and deliver "a security and other agreements, financial statements and other papers required by the bank in connection with any of the foregoing matters and affix thereto the seal of this company.

5. AMALGAMATION OF ACCOUNT

RESOLVED that company agrees that in addition to any general lien or similar right to which bank may be entitled by law, the bank may at any time and without notice to the company combine or consolidate all or any of the company's account with and liabilities to the bank and set off or transfer any sums standing to the credit of anyone or more of such liabilities be actual or contingent, primary or collateral and several or joint.

6. MEMORANDUM AND ARTICLES OF ASSOCIATION

RESOLVED that the bank be furnished with a list of names of directors, secretary and other officers of the company and with the specimens of their signatures and that the bank be authorized to act information given by the certified true copy of the company's resolution as to changes therein.

RESOLVED that the bank be furnished with a copy of the certificate of incorporation and a copy of memorandum and articles of association would be sent to the bank within 14 days of the registration / filling of such amendments.

The bank would be identified against any loss or damages sustained as a result of failure to notify it or any amendment.

7. FOREIGN EXCHANGE TRANSACTION

RESOLVED that in consideration of the bank providing foreign facilities to the company from time to time in the ordinary course of business or against the company's import business or against company agrees to:

- Deliver to the bank not later than 60 days after the payment of foreign currency or against the company's import transaction and in any other case not later than 10 days after the arrival of eligible goods in Liberia the copy of the customer's bill and other allied documents.
- To indemnify the bank against loss or damage incurred as a result of failure to produce the required customer bill of entry and to comply with any Liberia customs or other control regulations.
- The debiting of the company's account or pay on demand to the bank and difference in exchange rate due to a fluctuation in rates between the time of instruct and completion of the transaction.

8. NON-DEFAULT REPRESENTATION

The board of directors hereby certify that the company is not in default of any obligation to any of its creditors and that obtaining credit from the bank will not cause the company to be in default of any of its obligations to its creditors.

9. AUTHORIZED SIGNATORIES

RESOLVED, that the following persons be and thereby appointed signatures to the company's account and are mandated to complete the specimen signature cards of the bank and sign in the combination specified below:

NAME		
CATEGORY	A <input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/>
TITLE		SIGNATURE
NAME		
CATEGORY	A <input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/>
TITLE		SIGNATURE
NAME		
CATEGORY	A <input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/>
TITLE		SIGNATURE
NAME		
CATEGORY	A <input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/>
TITLE		SIGNATURE
NAME		
CATEGORY	A <input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/>
TITLE		SIGNATURE
NAME		
CATEGORY	A <input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/>
TITLE		SIGNATURE

Authorized combination where there is more than one signatory

DATED THIS _____ DAY OF _____, 20____

DIRECTOR: _____ SECRETARY: _____

LETTER OF REFERENCE

TO: SIB LIBERIA LIMITED

Dear SIB,

Subject: Referral

Name of Company:

I/we wish to confirm that I/we have known the above-named Company, Organization and/or its directors for [Please indicate number of years and in what capacity]

I/We would like to comment about their suitability for maintaining a current account with the bank as follow

I/we maintain a current account with:

Name of Bank_____

Address_____

And my/our account number is_____

Signature

Date



SIB LIBERIA LIMITED

LUKE BUILDING, BROAD & JOHNSON STREET
OPP. SPORTS COMMISSION
MONROVIA - LIBERIA

KNOW YOUR CUSTOMER (KYC)

(CORPORATE ACCOUNT)

Company Name:

Date of Incorporation:

Tax-Payer Identification Number:

OFFICE/BUSINESS ADDRESS:

Street: City: County: Country:

MANAGER'S PERSONAL INFORMATION

Home Address:

Contact Number:

E-mail Address:

SECTOR & TYPE OF BUSINESS

Trade ☐ Manufacturing ☐ Service ☐ Agriculture ☐ Oil & Gas ☐ Construction ☐ Transportation ☐ Mining ☐ Other ☐

Other Banks:

Mailing Address:

(If different from Business/Office Address)

Resident Permit: Issue Date: Expiry Date: PP/NID/DL Number:

(For Non-Resident Shareholder/Manager)

SIGNATURE MANDATE (Please Specify Signing Rule)

☐ Sole Signatory ☐ Any Two to Sign ☐ All Three to Sign ☐ One A and One B To Sign ☐ Two B to Sign ☐ One A
☐ and Two B to Sign ☐ A and Any Two ☐ Either to Sign ☐ Both to Sign ☐ Others Specify

Beneficiary Full Name & Contact (For Sole Proprietor):

ACCOUNT TYPE (Please Check)

☐ Partnership ☐ Institutional ☐ Government Entity ☐ Trust Account (Includes Provident Fund)
☐ Pension Fund ☐ Gratuity Fund ☐ Other (Please Specify)

SHAREHOLDER'S INFORMATION

Name	Title	Percentage (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZED SIGNATORIES

First Name:_____ Last Name: _____ Middle Name_____

Phone Number (s):_____

Passport/NID/Driver’s License Number: _____

E-mail Address: _____

Gender: Male ☐ Female ☐ Position: _____

First Name:_____ Last Name: _____ Middle Name_____

Phone Number (s):_____

Passport/NID/Driver’s License Number: _____

E-mail Address: _____

Gender: Male ☐ Female ☐ Position: _____

First Name:_____ Last Name: _____ Middle Name_____

Phone Number (s):_____

Passport/NID/Driver’s License Number: _____

E-mail Address: _____

Gender: Male ☐ Female ☐ Position: _____

ANTI-MONEY LAUNDERING REQUIREMENTS

Expected Value of Transactions:

Number of Deposits Per Month	Amount of Deposits Per Month		Number of Withdrawals Per Month		Amount of Withdrawals Per Month	
	USD\$	LD\$			USD\$	LD\$
Annual Income:						
Number of Branches:						

Please confirm if all of the information on provided is true ☐ Yes ☐ No

Signature(s):_____ , _____ , _____

FOR OFFICE USE

Introducer's Name: 	Sighted Documents	Outstanding/Deferred Documents/KYC Issues
Account Officer's Name: 		
Account Officer's Phone Number 	KYC Issues Observed:	

RISK CLASSIFICATION:

High ☐ Medium ☐ Low ☐

Politically Exposed: Yes ☐ No ☐

Customer Service Officer's Signature: _____ Date: _____

Operations Manager's Signature: _____ Date: _____

Special Approval obtained from Senior Management for all PEP Accounts: _____ Date: _____

SIB (LIBERIA) LIMITED

LUKE BUILDING, BROAD & JOHNSON STREETS
OPP. SPORTS COMMISSION
MONROVIA, LIBERIA



KNOW YOUR CUSTOMER (KYC)

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Hon. ☐ Atty./Cllr. ☐

Last name First name Middle Name

Cellphone No. Office No. Email

Date of Birth (mm/dd/yy): Place of Birth:

Nationality Profession/Occupation:

Current place of work: Position

Social Security # Marital status Married ☐ Single ☐ Divorced ☐ Widow/widower ☐

Name of Spouse Profession/Occupation of spouse

Current work place of spouse

Residential Address

Street Community Geographical description

City/Town County

Office/Business Address

Street Community Geographical description

City/Town County

Nex of Kin/ Beneficiary

1. FULL NAME RELATIONSHIP TO NEXT OF KIN

CURRENT ADDRESS

2. FULL NAME RELATIONSHIP TO NEXT OF KIN

CURRENT ADDRESS

3. FULL NAME RELATIONSHIP TO NEXT OF KIN

CURRENT ADDRESS

Account Type (Please Specify) Source(s) of Income

Personal Savings ☐

Personal Checking ☐

Joint Savings ☐

Joint Checking ☐

Other Banks you have Account Relationship with

Identification

ID Type Issue date Expiry date Place of issue Country of Issue

Passport

Driver's License

Resident Permit

National ID

Voter's ID

Signature: Signature Mandate:

FOR OFFICE USE ONLY

Introducer's Name Customer Politically Exposed Yes ☐ No ☐

Account Officer's Name

Sighted documents Outstanding/Deferred Documents