



## INTERNET BANKING APPLICATION FORM (BUSINESS CUSTOMERS)

Print out and complete this application form in block letters.

**COMPANY NAME**.....

**BUSINESS ADDRESS:** .....  
.....  
.....**POST CODE:** .....

**TELEPHONE NUMBER:** .....

**NEAREST UNION BANK OF NIGERIA BRANCH:** .....  
(MANDATORY WHERE ADDRESS ABOVE IS IN NIGERIA)

**NAME OF AUTHORISED USER:** .....

**MOBILE No:** .....

**USER CAPACITY:**

**VIEW ONLY**  **STOP CHEQUE**  **FUNDS TRANSFER**

For Funds Transfers only please indicate whether single or dual authorisation required:

**SINGLE AUTHORISATION**  **DUAL AUTHORISATION**

For Dual Authorisation only please indicate the authority level required:

**INPUT ONLY**  **AUTHORISE ONLY**  **INPUT & AUTHORISE**

**Signature of User**.....

All users who wish to register for the same business account(s) must complete separate application forms. All the accounts for that business will be available on screen.

**Where any Authorised User is not an existing sole signatory to the business account, with a signature held on the current Union Bank UK plc signature mandate, please complete the Board Resolution and Identity Verification Form overleaf.**

We wish to register the above company's account held with Union Bank UK plc with Internet Banking Services and hereby confirm that we have read and agree to the Internet Banking Terms and Conditions.

**Authorised Signatory:** ..... **Date:** .....

**Authorised Signatory:** ..... **Date:** .....

PLEASE SIGN IN ACCORDANCE WITH CURRENT SIGNATURE MANDATE



**BOARD RESOLUTION**

**COMPANY NAME:** .....

At a meeting of the Directors of the Company, held on

**DATE:** .....

The application by:

**AUTHORISED USER:** .....

To register for Union Bank UK plc Internet Banking Service (“the Service”) was considered and it was resolved that:

- The application and terms and conditions for the Service be approved
- The Authorised User is authorised to give instructions for all purposes in connection with the Service, input and/or authorise transactions (delete as appropriate) on behalf of the Company in respect of the Company’s accounts.
- Where two or more people are named as signatories in respect of any account, Union Bank UK plc is authorised to accept and act upon electronic instructions given by the Authorised User alone in respect of all matters relating to the operation of the account(s) by means of the Service.

We certify that the above resolutions were duly passed by the Company.

**DATE:** .....

**CHAIRMAN OF MEETING:** .....**SIGNATURE:** .....

**COMPANY SECRETARY:** .....**SIGNATURE:** .....

*Note:*

Two different signatures required. The Director who chaired the meeting and either the Company Secretary or another Director must sign the Board Resolution.

**Return completed form directly to:**

**CUSTOMER SERVICE DEPARTMENT  
UNION BANK UK plc  
14-18 COPTHALL AVENUE  
LONDON  
EC2R 7BN**

**OR**

**UNION BANK UK REPRESENTATIVE OFFICE  
C/O UNION BANK OF NIGERIA PLC (UBN)  
INTERNATIONAL BANKING DEPARTMENT  
36 MARINA (15<sup>TH</sup> FLOOR)  
LAGOS, NIGERIA**

(Through Nearest Union Bank of Nigeria Branch)

**CONFIDENTIAL**



## **IDENTITY VERIFICATION FORM**

***This form contains confidential identification information and it is very important that its contents are not disclosed to anyone else. The form should be completed and signed by an existing authorised signatory and returned to the Bank inside a separate sealed envelope.***

Print out and complete this form in block letters.

**COMPANY NAME**.....

**BUSINESS ADDRESS:** .....  
.....  
.....**POST CODE:** .....

**NAME OF AUTHORISED USER** .....

### **IDENTITY VERIFICATION INFORMATION**

Mother's Maiden Name	
Date of Birth	
Place of Birth	
International Passport Number & Country of Issue	
Driving Licence Number & Country of Issue	
Occupation	

I confirm that the information given above is correct to the best of my knowledge:

Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_