



UNION TRUST BANK LIMITED

PMB 1237  
Lightfoot Boston Street  
Freetown, Sierra Leone

**APPLICATION FOR OPENING UNINCORPORATED SOCIETIES, CLUB, & ASSOCIATIONS ACCOUNT**

UNINCORPORATED SOCIETY     CLUB     ASSOCIATION  
 CURRENT     \_\_\_\_\_

NAME OF SOCIETY/CLUB/ASSOCIATION: \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

OFFICE ADDRESS (INCL. P.O.BOX): \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

OTHER MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

NATURE OF SOCIETY/CLUB/ASSOCIATION: \_\_\_\_\_

**OTHER BANK ACCOUNT(S) MAINTAINED**

1. BANK \_\_\_\_\_

LOCATION \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

2. BANK \_\_\_\_\_

LOCATION \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_

3. BANK \_\_\_\_\_

LOCATION \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_

INITIAL DEPOSIT     CASH Le: \_\_\_\_\_     CHEQUE Le: \_\_\_\_\_     TOTAL DEPOSIT Le: \_\_\_\_\_

**REFERENCES:**

1 NAME: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BANKERS: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

2 NAME: \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
BANKERS: \_\_\_\_\_  
ACCOUNT NO: \_\_\_\_\_

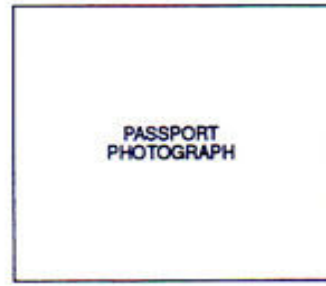
We request the opening of an Unincorporated Society/Club or Association Account and confirm that the above information are true. We also agree to the terms and conditions of this application and give the Bank the rights to verify the same at its discretion.



\_\_\_\_\_  
Authorised signature                      Date  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorised signature                      Date  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorised signature                      Date  
\_\_\_\_\_  
Title



Mandate For Unincorporated Societies, Clubs and Associations

To: **UNION TRUST BANK LIMITED**

It is hereby decided that an account be opened in the name of \_\_\_\_\_

with the UNION TRUST BANK LIMITED

All cheques, acceptances and/or other orders for payment or disposal of money, securities,

boxes or other property, shall be signed by \_\_\_\_\_

\_\_\_\_\_ and countersigned by \_\_\_\_\_

on behalf of the said \_\_\_\_\_ whether such account(s) be in credit or overdrawn.

We note that all funds handed to members of staff outside its official business hours or outside the premises of the Bank shall be at our own risk and the Bank will not be liable for any losses resulting thereof.

It is important that all cheque books be properly guarded against unlawful access to it by unauthorised persons, as failure to heed this precaution may lead to any losses being charged to our account.

We understand and accept that beside any or all legal claims which the law entitles you to as bankers, you may transfer funds from our account(s) and/or any kind of valuables, cash, deposits, cheques, securities and any negotiable instruments or other assets owned by us in settling any liabilities to you regardless of whether such liability be accidental or deliberate. This may be done without prior notice or consideration to us.

In addition we give the Bank the rights of set-off and appropriation to recover any overdraft and the right to close the account if the same is deemed dormant, inactive or undesirable. The Bank may exercise the above rights at its sole discretion subject to a prior notice of 15 days by way of mail or general notice in the banking hall, without any responsibility on part of the Bank or any of its officers..

That the Chairman shall communicate to the Bank a copy of this Resolution including specimen signatures of Officers authorised to sign.

**NAMES IN FULL**

**SIGNATURES**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

We confirm that at the meeting held at \_\_\_\_\_ on the \_\_\_\_\_ day of

\_\_\_\_\_ 20\_\_\_\_\_ the above Resolution was passed and the signatures appended above are correct. Enclosed herewith is a copy of the Rules and Regulations of \_\_\_\_\_.

\_\_\_\_\_  
**SECRETARY**

\_\_\_\_\_  
**CHAIRMAN**

INSTRUCTIONS/SIGNING POWERS

\_\_\_\_\_  
\_\_\_\_\_

**FOR BANK USE ONLY**

**ACCOUNT NO:** \_\_\_\_\_

DOCUMENTS OBTAINED	INITIAL & date	ACCOUNT OPENING	INITIAL & date
Document		Reference Received	
Signature Cards		Cheque book delivered	
Power of Attorney		Documentation Filed	
Mandate		Entered on Computer by	
Society Resolution		Verified on Computer by	
Certificate of Registration (Copy of Original Sighted)		Others (Specify)	
Copy of Rules			
Copy of Constitution			
Reference Forms			
Business Name			
Passport Photographs			
Other (Specify)			

Identification \_\_\_\_\_

Reference Instructions \_\_\_\_\_

Other Instructions \_\_\_\_\_

Account Opening

Approved by Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Signature/Date