OCEANIC BANK INTERNATIONAL PLC
Experience peace...

INDEMINITY FORM

Account Number (*provided by bank*): | | | | | | | | | | | | | |

Account Name: _____

In consideration of your acceptance of oral instructions or otherwise from me/us over the telephone, fax or implementation of other instructions where transmitted by electronic means (including email) in connection with such facilities as may from time to time form part of the services (Services) offered by you in accordance with your policy, I/we irrevocably and unconditionally agree and undertake to accept the veracity of any such instructions and your implementation of the Services for all purposes whatsoever.

I/We further irrevocably and unconditionally ratify the same and hereby waive any claim against you as a consequence of or in respect of the provision by you of the Services, and not to use, or allow any third party to use the Services on my/our behalf and/or for any fraudulent or unlawful purpose.

I/We confirm that any instructions given by me/us to you using any means may be used as evidence in any court of law or other proceedings of whatsoever nature or in resolving any dispute between us.

I/We further irrevocably and unconditionally agree to indemnify and hold you harmless from and against all liabilities, losses, actions, proceedings, claims, costs, damages and expenses which may be incurred or suffered by you, or made against you, as a consequence of, or in respect of, the provision by you of the Services. I/We further agree that you may debit any of my/our accounts with you for all costs, charges, expenses or other amounts which you may incur as a consequence of, or in respect of, the provision of the Services.

I/We agree that you may ignore, or suspend action on, any instructions received from me/us if you, in your absolute discretion, deem it appropriate to do so.

I/We further confirm my/our understanding that compliance with such instructions and provision of the Services shall be subject to the internal policies of Oceanic Bank International Nigeria Plc, which may change from time to time and the relevant Circulars of the Central Bank of Nigeria.

I/We confirm that my/our Cheque Booklets, ATM Cards/PIN and Internet Banking ID and passwords shall be kept confidential.

I/We shall be liable for any misuse of the same, and agree to indemnify you against all consequences of such misuse.

I/We confirm that all information and data contained in this form is accurate and true and there is no undisclosed material information which would affect OCEANIC BANK's decision to extend any of the Services to me/us.

For any cards issued to me/us by OCEANIC BANK, I/we undertake to immediately inform the Bank in the event of loss or theft of the same. It is understood that I/we shall continue to be liable for all the transactions until receipt of aforesaid intimation by you.

I/We further undertake to accept full responsibility for all transactions made by the use of the card, whether or not made with my knowledge or authority, and I/we will accept the bank's record of transaction as binding for all purposes.

For the purpose of this Indemnity Undertaking, the word Services shall be deemed to include any form of banking services or products that OCEANIC BANK may offer its customers from time to time including any cards. This Indemnity and Undertaking shall be deemed to be an integral part of the account opening form executed by me/us as amended from time to time.

"I/We agree that OCEANIC BANK is not liable for any losses that may arise from the provision of any services to me/us, particularly but not limited to purchases made on my/our behalf off the floor of the Nigerian Stock Exchange."

I/We hereby agree with the Indemnity and Undertaking given, which I/we have read, understood and received a copy of, and confirm that the information supplied is correct to the best of my/our knowledge.

Name: _____ **Name:**_____

_____ _____

Signature & Date: **Signature & Date:**

NOTE: This document must be dated and signed in accordance with the signing instructions / mandate.