

CENTRAL BANK OF NIGERIA
FORM Q
FOREIGN EXCHANGE APPLICATION FORM
FOR SMALL AND MEDIUM ENTERPRISES AND RETAIL BUSINESSES
(To be completed in duplicate)

1 Name of Applicant	_____
2 Applicant's BVN	_____
3 Address of Applicant	_____
4 Telephone No.	_____
5 email Address	_____
6 Annual Turnover	_____
7 Number of Employees	_____
8 Applicant's Bank Name	_____
9 Applicant's Bank Account No.	_____
10 Item of Import/Service	_____
Beneficiary Transfer Instruction	
11 Name of Beneficiary	_____
12 Account Details of Beneficiary	
a Beneficiary Bank Name	_____
b Beneficiary Bank Address	_____
c IBAN	_____
d Swift Code	_____
e Amount(in words and figures)	_____
f Purpose of Remittance/Transfer	_____

APPLICANT'S CERTIFICATION

I/We hereby certify/confirm that the information provided above are true and correct.

Authorized Signatory

Authorized Signatory

NOTE: All requests **MUST** be accompanied by customer's duly signed application letter, proforma invoice and beneficiary bank account details. Applicant Must have operated account in the bank for at least six(6) months

FOR BANK USE ONLY

Processor

Authorised

Approved