



CORPORATE ACCOUNT OPENING FORM

| | |
|---|---|
| Full Name of Company | |
| Company Short Name | Date of Incorporation/ Registration- dd/mm/yyyy |
| Place of Incorporation | RC Number |
| Business Sector | Tax Number |
| Company Type <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership Others _____ | |
| Company Address | |
| Postal Address | |
| Telephone No(s) | Email |
| Facsimile | Website Address |
| Average Annual Turnover (NGN) <input type="checkbox"/> Less than 10m <input type="checkbox"/> 10-50m <input type="checkbox"/> Above 50m | Purpose of Investment |
| | Source of Investment Fund |

Bank Account Details (Your Bank Account Name Details Should Correspond With CSCS Account Name).

| | |
|--------------|----------------|
| Bank Name | Branch |
| Account Name | Account Number |

Principal Contact Person

| |
|------------------|
| Name |
| Email |
| Signature & Date |

Authorized Signatory (1)

| |
|--|
| Name |
| Designation |
| Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| Specimen Signature & Date |

Authorized Signatory (2)

| |
|--|
| Name |
| Designation |
| Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| Specimen Signature & Date |

Authorized Signatory (3)

| |
|--|
| Name |
| Designation |
| Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| Specimen Signature & Date |

Mandate/ Signing Instruction

Questionnaire

Please state if any of your Directors, Signatories or Major Shareholders have held any Political Position.

1. Name: _____ Date: From _____ To _____

2. Name: _____ Date: From _____ To _____

3. Name: _____ Date: From _____ To _____

4. Name: _____ Date: From _____ To _____

Attestation

We attest that all information provided herein is accurate and would notify you to update our records where any change occurs

Director's Signature and Date

Director's Signature and Date

Please Affix Company Seal or Stamp

For Official Purpose Only

Delivered By Email Company Representative Others (specify)

Document Received By (Officer's Name)

Location/Branch

Initial Amount Deposited

Documentation Checklist

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Completed Account Opening Form | <input type="checkbox"/> | 8. Board Resolution/Management Approval the | <input type="checkbox"/> |
| 2. Passport Photograph of all Directors and Signatories | <input type="checkbox"/> | Board Resolution/Management Approval should state | <input type="checkbox"/> |
| 3. Photocopy of Identification Documents for all Directors and Signatories (International Passport/ Valid Drivers License/ National Identity Card) | <input type="checkbox"/> | a. Approval to open a stockbroking account with Stanbic IBTC Stockbrokers Limited | <input type="checkbox"/> |
| 4. Proof of Address for all Directors and Signatories (Copy of Recent Utility Bill) | <input type="checkbox"/> | b. The list of authorized signatories | <input type="checkbox"/> |
| 5. Email Indemnity | <input type="checkbox"/> | 9. *Particulars of Shareholders with a minimum of 5% Shareholdings | <input type="checkbox"/> |
| 6. Standard Terms & Conditions | <input type="checkbox"/> | 10. *Particulars of Directors Form CAC 7 (Limited Liability Companies Only) | <input type="checkbox"/> |
| 7. Copy of Certificate of Incorporation / Evidence of Business Registration | <input type="checkbox"/> | 11. *Return on Allotment of Shares Form CAC 2 (Limited Liability Companies Only) | <input type="checkbox"/> |
| | <input type="checkbox"/> | 12. *Memorandum & Articles of Association <input type="checkbox"/> Constitution <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> |

13. Other Documents

(1) _____

(2) _____

(3) _____

Please note that all items(*) should be certified as True Copies By the Corporate Affairs Commission and sealed using Company Seal/Stamp.

Documentation Status Complete Incomplete

Risk Rating Low High

Account Opening Authorized By

Date

CSCS Number

CHN

Box File Number