



CORPORATE ACCOUNT OPENING FORM

Full Name of Company	
Company Short Name:	Date of Incorporation/Registratio
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:	Email:
Telephone No(s):	Website Address:
Facsimile:	Purpose of Investment
Average Annual Turnover (NGN) <input type="checkbox"/> Less than 10m <input type="checkbox"/> 10-50m <input type="checkbox"/> Above 50m	Source of Investment Fund

Bank Account Details (your Bank Account Name Details Should Correspond with CSCS)

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 <input type="checkbox"/>	
Specimen Signature & Date	

Authorized Signatory (2)

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

Authorized Signatory (3)

Name	
Designation	
Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
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 Board Resolution/Management Approval should state | <input type="checkbox"/> |
| 2. Passport Photograph of all Directors and Signatories | <input type="checkbox"/> | a. Approval to open | |
| 3. Photocopy of Identification Documents for all Directors and Signatories (International Passport/Valid Driver's License/National Identification Card) | <input type="checkbox"/> | b. The list of authorized signatories | |
| 4. Proof of Address for all Directors and Signatories (Copy of Recent Utility Bill) | <input type="checkbox"/> | 9. *Particulars of Shareholders with a minimum of 5% Shareholdings | <input type="checkbox"/> |
| 5. Email Indemnity | <input type="checkbox"/> | 10. *Particulars of Directors Form CAC 7 (Limited Liability Company Only) | <input type="checkbox"/> |
| 6. Standard Terms & Conditions | <input type="checkbox"/> | 11. *Return on Allotment of Shares from CAC 2 (Limited Liability Company Only) | <input type="checkbox"/> |
| 7. Copy of Certificate of Incorporation/Evidence of Business Registration | <input type="checkbox"/> | 12. *Memorandum & Articles of Association Constitution 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 Sealed/Stamp.

Document Status Complete Incomplete

Risk Rating Low High

Account Opening Authorized By

Date

CSCS Number

CHN

Box File Number