

KNOW-YOUR-CUSTOMER FORM (CORPORATE ACCOUNT)

Full Name of Company	
Company Short Name	Date of Incorporation/Registration- dd/mm/yy
Date of Incorporation	RC Number
Business Sector	Tax Identification Number (TIN)
Company Type <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Enterprise <input type="checkbox"/> Other	
Company Address	
Mailing Address	
Country of Residence	Corporate Email Address
Telephone No(s)	Website Address
Fax	Purpose of Investment
Average Annual Turnover (NGN) <input type="checkbox"/> Less than 10m, <input type="checkbox"/> More than 10m	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	
Phone Number	E-mail Address
Bank Verification Number	Signature & Date

Authorized Signatory (1)

Name	
Date of Birth (dd/mm/yyyy)	Place/Country of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality
Residential Address	
Country of Residence	Bank Verification Number
Phone Number	E-mail Address
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's Licence Issue <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voter Card <input type="checkbox"/> Others	
ID Number	Date
Expiry Date	Place of Issue
Designation	Tax Identification Number
Class of Signatory <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Specimen Signature & Date	

Authorized Signatory (2)

Name	
Date of Birth (dd/mm/yyyy)	Place/Country of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality
Residential Address	
Country Residence	Bank Verification Number
Phone Number	E-mail Address
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voter Card <input type="checkbox"/> Others	
ID Number	Date
Expiry Date	Place of Birth
Designation	Tax Identification Number
Class of Signatory <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Specimen Signature & Date	

Authorized Signatory (3)

Name	
Date of Birth (dd/mm/yyyy)	Place/Country of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality
Residential Address	
Country Residence	Bank Verification Number
Phone Number	E-mail Address
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voter Card <input type="checkbox"/> Others	
ID Number	Date
Expiry Date	Place of Birth
Designation	Tax Identification Number
Class of Signatory <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Specimen Signature & Date	

Authorized Signatory (4)

Name	
Date of Birth (dd/mm/yyyy)	Place/Country of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality
Residential Address	
Country Residence	Bank Verification Number
Phone Number	E-mail Address
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voter Card <input type="checkbox"/> Others	
ID Number	Date
Expiry Date	Place of Birth
Designation	Tax Identification Number
Class of Signatory <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Specimen Signature & Date	

Mandate

Mandate / Signing Instruction

Questionnaire

Please state if any of your Directors, Signatory or major Shareholders have held any Political Position or if any of their close relatives/associates have occupied any Political Position. If yes, state their names and their relationship with such persons:

1. Name: _____ Position Held _____ Date: From _____ To _____

Relationship _____

2. Name: _____ Position Held _____ Date: From _____ To _____

Relationship _____

3. Name: _____ Position Held _____ Date: From _____ To _____

Relationship _____

4. Name: _____ Position Held _____ Date: From _____ To _____

Relationship _____

Attestation

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

Director's Name, Signature and Date

Director's Name, Signature and Date

For Official Purpose Only

Documentation Checklist

- | | | | |
|--|--------------------------|---|--------------------------|
| 1. Completed account opening form | <input type="checkbox"/> | 7. *Copy of certificate of incorporation/evidence of business registration | <input type="checkbox"/> |
| 2. Passport photograph of all directors and signatories | <input type="checkbox"/> | 8. *Particulars of directors form CAC 7 (limited liabilities companies only) | <input type="checkbox"/> |
| 3. **Copy of Identification documents for all directors and signatories | <input type="checkbox"/> | 9. *Return on allotment of shares form CAC 2 (limited liabilities companies only) | <input type="checkbox"/> |
| 4. * Proof of Company Address | <input type="checkbox"/> | 10. *Memorandum and articles of association/constitution/partnership deed | <input type="checkbox"/> |
| 5. **Proof of Address for all directors and signatories (copy of recent utility bill) | <input type="checkbox"/> | | |
| 6. Board resolution stating management approval to open stockbroking account with CSL and list of authorised signatories | <input type="checkbox"/> | | |

*Certified true copies by the Corporate Affairs Commission

**Originals copies must be sighted

Document Status	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	
Risk Rating	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Account Opening Authorized By			
Date			
CSCS Number	Account Number		