



Core Securities Limited

Member of The Nigerian Stock Exchange

CORPORATE ACCOUNT OPENING FORM

Full Name of Company	
Company Short Name	Date of Incorporation/ Registration- dd/mm/yyyy
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"/> Others	
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"/> 10-50m <input type="checkbox"/> Above 50m	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 License Issue <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voters 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 of Residence	Bank Verification Number
Phone Number	E-mail Address
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voters Card <input type="checkbox"/> Others	
ID Number	Date of Issue
Expiry Date	Place of Issue
Designation	Tax Identification Number
Class <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 of Residence	Bank Verification Number
Phone Number	E-mail Address
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voters Card <input type="checkbox"/> Others	
ID Number	Date of Issue
Expiry Date	Place of Issue
Designation	Tax Identification Number
Class <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 of Residence	Bank Verification Number
Phone Number	E-mail Address
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voters Card <input type="checkbox"/> Others	
ID Number	Date of Issue
Expiry Date	Place of Issue
Designation	Tax Identification Number
Class <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, Signatories or Major Shareholders have held any Political Position or if any of their close relatives/associates have occupied any Political Position. If yes, please 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 liability 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 liability 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

Documentation 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	