

APPLICATION FOR OPENING STOCKBROKING ACCOUNT

CORPORATE ACCOUNT

We,				
situ	ated at			
her	eby apply for the openi	ng of a Corporate Stockbroki	ng Account with Cap i	tal Assets Limited.
	onsideration of your ag nited as our Stockbroke	reement to establish the said rs and:-	d account, we hereby	appoint Capital Assets
(a)	received the support	establish or operate the requing documents for the openional included in this application	ng of the account, a lis	
(b)	applicable laws and/ legal status at the app	ertake at our cost all Know-\ or regulations including the propriate government regist e costs related to such KYC pi	confirmation of our ir ry and to debit our ac	nformation details and
(c)		hase and sell securities on o ciated with such transaction		
(d)	address as we may fr post, email, dispatch,	d all communication to us at om time to time give to you i SMS or otherwise shall be d oot, and the cost thereof shal	n writing. All commu eemed to be given to	nication so sent whether b
(e)		I you responsible for any del s or any other causes beyond	3	n of orders due to date/
(f)	authorize you to reco	ncile/regularize our account	in case of any posting	g or trading error.
(g)	undertake to indemnify you in full for any loss you may suffer or incur by acting on the information given herein and the documents supplied for the bases of opening the account and for honouring such letter, email, SMS or instructions given by us to you in the course of operating the account provided that you have taken all measures prescribed by your internal policies and practices to verify the authenticity of such communication.			
(h)	number(s) and any ot	icate to you immediately any ner information given by us may suffer or incur for not c	to you in the course o	f operating the account,
-	NAME	SIGN/DATE	NAME	SIGN/DATE

CORPORATE ACCOUNT INFORMATION SHEET



Name of Company:	CapitalAssets			
Registration Number:				
Tax Identification Number (TIN):				
Corporate Address (Not P. O. Box):				
Postal Address:				
	E-mail Address:			
Nature of Business:				
Contact Person(s):				
1. Name:	Designation:			
Tel. Number:	_ E-mail Address:			
2. Name:	Designation:			
Tel. Number:	_ E-mail Address:			
OTHER INFORMATION				
Has there been any change of Corporate Na	Has there been any change of Corporate Name prior to the name stated above? YES NO			
If YES, please state the previous name(s), or	late of change and reason(s) for the change			
Previous Full Name:	Previous Full Name:			
Date of Change of Name:				
Reason(s) for Change:				
BANK ACCOUNT DETAILS OF THE CORP	ORATE ACCOUNT			
Bank Name:	Branch Address			
Bank Account Name:	Date of Creation:			
Type of Account:	Account Number:			
CSCS ACCOUNT DETAILS OF THE CORPORATE ACCOUNT				
Do you have a CSCS Account already? YES NO				
If Yes, what is your CHN (Clearing House Number)?				



Investment Objectives Capital Growth Income Yield A Mixture of Both			
Risk Tolerance High Medium Low			
Direct Cash Settlement Do you want payment of proceed thro YES NO	ugh Direct Cash Settlement	t by CSCS?	
FOR OFFICE USE ONLY Date:			
Documents Received & Originals Sighted By: Name:Signature:			
Client Introduced By:			
Client's Profiling: High	☐ Medium	□ Low	
HOP's Comments:			
Confirmed OK By:			
Approved By:	Sign/Date:		



SIGNATURE MANDATE FORM

	PERSONS AUTHORISED TO OPERATE THE CORPORATE ACCOUNT			
1	Name:	Passport Photograph		
2	Name: Designation:Class A, B, C Home Address: Bank Verification Number (BVN): Signature:	Passport Photograph		
3	Name:	Passport Photograph		
4	Name: Designation:	Passport Photograph		
Mandate Combination: Please Specify				

All alakan			Coulteland
Attestation: We understand that the inform	<u> </u>		• •
are correct.	ring Account and tr	nereiore attest ina	at all information herein supplied
For:			
Director	Compan	y Secretary	Company Seal
Date	 Da	 ate	
Documents Required To	Open A Corpo	rate Stockbrok	king Account
The under listed document	ts are required to o	pen a corporate s	tockbroking account:
☐ Certified True Copy of Cert	ificate of incorpora	tion	
☐ Certified True Copy of Men	norandum and Arti	cles of Associatio	n
☐ Certified True Copy of Part	iculars of Directors	(Form CAC7)	
☐ Certified True Copy of Shar	e Capital & Share C	Capital Allotment	(Form CAC2)
☐ Two (2) passport photogra	phs of each signatc	ory indicating full	names & duly signed at the back.
Identification document fo International Passport			National ID card, etc.
A copy of Utility bill of each	n authorised signato Felephone Bill	ory to the accoun Water Rate	t II Waste Mgt Bill
☐ Signature Mandate, indicat behalf of the Company. At I	•		l with Capital Assets Limited on signatory to the account.
☐ Extract of Board Resolution	n appointing Capit a	al Assets Limited	as the Company's Stockbrokers.
Copy of Tax Identification of	card for each autho	rised signatory to	the account



AUTHORISED SIGNATORIES INFORMATION SHEET

This Page should be completed by each Authorised Signatory to the Corporate Stockbroking Account.

Full Names (Surname First):				
Mother's Maiden Name:	Sex: Male	Female		
Marital Status: Single	Married	Others (Specify)		
Date of Birth:	Place of Birth:			
Home Town:	State of Or	igin:		
Residential Address (Not P. O. Box)				
Nearest Bus Stop:				
Local Government Area (of Residence):_				
Nationality (For Non Nigerians):	R	es. Permit Number:		
Resident Permit Issue Date:	Resident	Permit Expiry Date:		
Postal Address:				
E-mail Address:				
Mobile Tel. Number(s):				
Occupation:				
Office (Name & Address):				
Office Tel. Number(s):				
Office Email Address:				
Means of Identification (At least one is required):				
International passport Num:		e Fxn Da	ıte.	
National Driver's licence Num:	13300 Dai 1221 Alippi	te· Fyn Da	ite·	
National ID card Number:				
Perm. Voters Card Number:				
Others, Please Specify				



OTHER INFORMATION YFS \square NO \square Do you hold any political position (PEP) presently or held any in the past? If YES, state the position and period:_____ Do you have any political affiliation / or relationship with a Public Office Holder? YES NO If YES, state the following: Name of the Political Person / Public Office Holder: Office held by the person & the period:_____ Nature of relationship with the person:_____ YES NO Has there been any change of name prior to the name stated above? If YES, please state the previous name(s), date of change and reason(s) for the change Previous Full Name:_____ Date of Change of Name:_____ Reason(s) for Change: Attestation: I understand that the information given herein and the documents supplied are the bases for opening a Corporate Stockbroking Account and therefore attest that all information herein supplied are correct. SIGN/DATE NAME