

## ACCOUNT OPENING FORM- COMPANIES & OTHER INSTITUTIONS

**TYPE OF INSTITUTION:** LIMITED LIABILITY COMPANY  SOLE PROPRIETORSHIP  PARTNERSHIP

OTHERS (Please specify) \_\_\_\_\_

NAME OF COMPANY/ INSTITUTION \_\_\_\_\_

DATE OF INCORPORATION \_\_\_\_\_ TAX IDENTIFICATION NO \_\_\_\_\_

NATURE OF BUSINESS/ACTIVITIES \_\_\_\_\_

RC NO/BUSINESS REG NO \_\_\_\_\_

REGISTERED OFFICE ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

MAILING/CORRESPONDENCE ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

OFFICE PHONE NUMBER(S) \_\_\_\_\_

HOW WOULD YOU LIKE TO RECEIVE YOUR ACCOUNT STATEMENT? E-MAIL  ON REQUEST

### CUSTOMER IDENTIFICATION: [PLEASE ATTACH A COPY]

Certificate of Incorporation  Evidence of Registration of Partnership/ Sole proprietorship

### ADDITIONAL REQUIREMENTS

- Copies of Customer Identification (As selected above)
- Copies of Memorandum and Articles of Association of your Company
- Copy of FORM CO7 (Particulars of Directors) and FORM CO2A (Return of Allotment of Shares)
- Certificate of exemption from including "limited" to Company name (Where applicable)
- Evidence of Tax Identification Number (TIN)
- Mandate and Board resolution to open account. To be signed by two Directors or Director and Company Secretary.
- Signatories should kindly complete the Account Signatory Details Form.

**ACCOUNT SIGNATORY DETAILS FORM**

TITLE \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Day Month Year

LGA \_\_\_\_\_ STATE OF ORIGIN \_\_\_\_\_ NATIONALITY \_\_\_\_\_

SEX: MALE  FEMALE

RESIDENTIAL ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_

MAILING/POSTAL ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME PHONE NUMBER(S) \_\_\_\_\_ MOBILE PHONE NUMBER(S) \_\_\_\_\_

RELIGION: CHRISTIANITY  ISLAM  OTHERS

OCCUPATION \_\_\_\_\_

POSITION HELD \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS \_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE NUMBER(S) \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  DIVORCED  WIDOWED

SPOUSE'S NAME (Where applicable):

TITLE \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_ WEDDING ANNIVERSARY DATE \_\_\_\_\_

NEXT-OF-KIN:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CUSTOMER IDENTIFICATION: [PLEASE ATTACH A COPY]

NATIONAL ID CARD  DRIVER'S LICENCE  INTERNATIONAL PASSPORT

ID NUMBER \_\_\_\_\_ ID ISSUE DATE \_\_\_\_\_ ID EXPIRY DATE \_\_\_\_\_

BVN \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## ACCOUNT SIGNATORY DETAILS FORM

TITLE  SURNAME  FIRST NAME  MIDDLE NAME

DATE OF BIRTH  |  |   
Day Month Year

LGA  STATE OF ORIGIN  NATIONALITY

SEX: MALE  FEMALE

RESIDENTIAL ADDRESS

TOWN/CITY  STATE

MAILING/POSTAL ADDRESS

E-MAIL

HOME PHONE NUMBER(S)  MOBILE PHONE NUMBER(S)

RELIGION: CHRISTIANITY  ISLAM  OTHERS

OCCUPATION

POSITION HELD

EMPLOYER'S NAME & ADDRESS

OFFICE PHONE NUMBER(S)

MARITAL STATUS: SINGLE  MARRIED  DIVORCED  WIDOWED

SPOUSE'S NAME (Where applicable):

TITLE  SURNAME  FIRST NAME  MIDDLE NAME

NUMBER OF CHILDREN  WEDDING ANNIVERSARY DATE

NEXT-OF-KIN:

NAME

RELATIONSHIP

ADDRESS

PHONE NUMBER(S)  E-MAIL ADDRESS

CUSTOMER IDENTIFICATION: [PLEASE ATTACH A COPY]

NATIONAL ID CARD  DRIVER'S LICENCE  INTERNATIONAL PASSPORT

ID NUMBER  ID ISSUE DATE  ID EXPIRY DATE

BVN

SIGNATURE  DATE

**INVESTOR APPLICATION FORM**

ACCOUNT NAME

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ADDRESS:

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INVESTMENT TYPE: FIXED RATE INVESTMENT (NAIRA)  PORTFOLIO INVESTMENT MANAGEMENT FIXED RATE INVESTMENT (DOLLAR)  LAND BANKING  EQUITIES  BONDS 

AMOUNT:

AMOUNT (in words): \_\_\_\_\_

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TENOR: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

EXPECTED RETURN (RATE): \_\_\_\_\_

AUTOMATIC ROLL-OVER: YES  NO 

AT MATURITY, PAY BY:

ISSUING A CHEQUE: CREDIT A BANK ACCOUNT: 

ACCOUNT NAME..... BANK.....

BRANCH..... ACCOUNT NUMBER.....

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## MANDATE FORM

<b>PERSONS AUTHORISED TO OPERATE THE ACCOUNT</b>		
1.	Name <input style="width: 50px;" type="text"/> _____ <div style="text-align: center; margin-left: 150px;">Surname</div> _____ <div style="display: flex; justify-content: space-around; width: 80%; margin-left: 20px;"> <span>First Name</span> <span>Other Name</span> </div> Signature _____  Date of Birth ____ \ ____ \ ____ Email _____	Passport Photograph
2.	Name <input style="width: 50px;" type="text"/> _____ <div style="text-align: center; margin-left: 150px;">Surname</div> _____ <div style="display: flex; justify-content: space-around; width: 80%; margin-left: 20px;"> <span>First Name</span> <span>Other Name</span> </div> Signature _____  Date of Birth ____ \ ____ \ ____ Email _____	Passport Photograph
3.	Name <input style="width: 50px;" type="text"/> _____ <div style="text-align: center; margin-left: 150px;">Surname</div> _____ <div style="display: flex; justify-content: space-around; width: 80%; margin-left: 20px;"> <span>First Name</span> <span>Other Name</span> </div> Signature _____  Date of Birth ____ \ ____ \ ____ Email _____	Passport Photograph
Authorized Combination (Where there is more than one signatory)		

**FOR OFFICIAL USE ONLY**

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INPUT BY \_\_\_\_\_

AUTHORISED BY \_\_\_\_\_