

CORPORATE ACCOUNT OPENING FORM

Full Name of Company:

Date of Incorporation:

RC Number:

Business Sector:

Tax Identification Number (TIN):

Company Type: ☐ Limited Liability ☐ Partnership ☐ Enterprise ☐ Other:

Company Address:

Mailing Address (if different from above):

Corporate Email Address:

Website Address:

Telephone No(s):

Country of Residence:

Source of Investment Fund:

Purpose of Investment:

Average Annual Turnover (NGN): ☐ Less than 100m ☐ 100 – 500m ☐ Above 500m

BANK ACCOUNT DETAILS

Bank Name:

Branch:

Account Name:

Account Number:

Bank Verification Number:

Date Account was Opened:

PRINCIPAL CONTACT PERSON

Name:

Designation:

Phone Number:

Email Address:

Signature & Date:

AUTHORIZED SIGNATORY (1)

Name:

Date of Birth:

Gender: ☐ Male ☐ Female

Nationality:

Residential Address:

Country of Residence:

Phone Number:

Email Address:

BVN:

ID Type: ☐ International Passport ☐ Driver's License ☐ National ID ☐ INEC Voters Card ☐ Others

ID Number:

Expiry Date:

Designation:

Class of Signatory: ☐ A ☐ B ☐ C

Specimen Signature & Date:

Insert Passport Photograph
Here

AUTHORIZED SIGNATORY (2)

Name:	
Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Residential Address:	
Country of Residence:	
Phone Number:	Email Address:
BVN:	
ID Type: <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> INEC Voters Card <input type="checkbox"/> Others	
ID Number:	Insert Passport Photograph Here
Expiry Date:	
Designation:	
Class of Signatory: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Specimen Signature & Date:	

QUESTIONNAIRE

Please state if any of your Directors, Signatories or Major Shareholder 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: _____

ATTESTATION

We attest that all information provided herein is accurate and would notify you to update our records where any changes occur.

Director's Name, Signature & Date

Director's Name, Signature & Date

FOR OFFICIAL USE

Documentation Checklist

- | | |
|---|---|
| 1. Copy of identification documents for all signatories <input type="checkbox"/> | 6. Board Resolution stating board approval to open <input type="checkbox"/> |
| 2. Proof of company address <input type="checkbox"/> | account with SPIM and list of authorized shares <input type="checkbox"/> |
| 3. Copy of certificate of incorporation/evidence of <input type="checkbox"/> | 7. Return on allotment of shares form CAC 2 (limited <input type="checkbox"/> |
| business registration <input type="checkbox"/> | liability companies only) <input type="checkbox"/> |
| 4. Particulars of Directors from CAC 7 (limited liability <input type="checkbox"/> | 8. MEMART/ Constitution/Partnership Deed <input type="checkbox"/> |
| companies only) <input type="checkbox"/> | 9. Passport photograph of all signatories <input type="checkbox"/> |
| 5. Proof of address for all signatories (current utility bill) <input type="checkbox"/> | 10. CAC Status Report <input type="checkbox"/> |

Account Authorized By: Name:	Signature:	Date:
Account Approved By: Name:	Signature:	Date: