

BAUCHI OFFICE:

3rd Floor NACRDB Building, 2 Kaduna Road, GRA,
Bauchi, Bauchi State.
Tel:07039617237

LAGOS OFFICE:

3, Dele Onabule Street,
Magodo Brooks Estate North Gate,
Off CMD Road, Magodo Shangisha, Lagos.
Tel: 014548946, 01-4542179, 08028278305,
08034023276

1. Corporate Account

Type of Investor:(select ONE of the following choices) Trust (Non - Nigerian not applicable) Company
 Corporation Association Other Investors

Name of Investor

RC No:

Nature of Business:

Street Address:

Nearest
B/Stop

City

State

Postal Address:

Land Mark

Phone Number(s)

TIN NO:

Email Address: (if any)

Investment Objectives:

2. Authorized Representative Details

i. Name: (surname first)

Title Dr. Mr. Ms. Miss. Mrs.

Other

Email Address:

Daytime Phone Number Class BVN _____

Means of Identifications: Voters Card International Passport NIMC Driver License

ID NO: _____ Issue Date: _____ Expiry Date: _____

ii. Name: (surname first)		Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. Other	
Email Address:		Daytime Phone Number	Class BVN
Means of Identifications: <input type="checkbox"/> Voters Card <input type="checkbox"/> International Passport <input type="checkbox"/> NIMC <input type="checkbox"/> Driver License			
ID NO: _____ Issue Date: _____ Expiry Date: _____			
iii. Name: (surname first)		Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. Other	
Email Address:		Daytime Phone Number	Class BVN
Means of Identifications: <input type="checkbox"/> Voters Card <input type="checkbox"/> International Passport <input type="checkbox"/> NIMC <input type="checkbox"/> Driver License			
ID NO: _____ Issue Date: _____ Expiry Date: _____			
iv. Name: (surname first)		Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. Other	
Email Address:		Daytime Phone Number	Class BVN
Means of Identifications: <input type="checkbox"/> Voters Card <input type="checkbox"/> International Passport <input type="checkbox"/> NIMC <input type="checkbox"/> Driver License			
ID NO: _____ Issue Date: _____ Expiry Date: _____			

MANDATE INSTRUCTION				
Photograph				
Name				
Signature				
Mandate Instruction				
1. Supporting Documents				
Please enclose photocopy of the appropriate supporting documents and bring originals for sighting. <ul style="list-style-type: none"> • Certificate of incorporation • Memorandum and articles of association certified by CAC; • CAC form co7 certified by CAC 			<ul style="list-style-type: none"> • If the Account Owner is an estate, provide a certified copy of a court order establishing the estate and naming the legal representatives of the estate that is 	

- A letter indicating the objective(s) for opening the account and the letter should also indicate the expected origin of the funds to be used during the relationship;
- A letter duly signed by the Managing Director of the company introducing the Authorized Representative(s);
- A Board Resolution appointing Dunbell Sec as broker

- If the Account Owner is an estate, provide a certified copy of a court order establishing the estate and naming the legal representatives of the estate that is authorized to act as an Authorized Account Representative for the account of the estate;
- If the account owner is a trust, provide a copy of the trust instrument and a certificate signed by the trustee(s).

In addition to the authorized representative is expected to provide:

- Photocopy of international passport, Driver's license or National Identity Card
- 3 months receipts from any public utilities.

4. Bank Details

Bank Name	Bank Sort Code:
Bank Account Number:	
Date Account Opened(dd/mm/yyyy)	

5 .Declaration

Please be informed that in compliance with the anti-money laundry legislation, transactions above N5,000,000.00 and above will be reported to The Nigerian Intelligent Unit (NFIU) or Securities and Exchange Commission (SEC).

- We confirm that the information given on this account opening form is true;
- That accounts are to be adequately funded and debited balances, if any, must be cleared within 3 days of its occurrence;

We _____ Hereby declare that we understand the conditions stated above and agree to comply with the said conditions.

Authorized signatory/Director and Company Seal	Date (dd/mm/yyyy)
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FOR OFFICIAL USE ONLY

DSL A/C No: -----

CSCS A/C No: -----

Clearing House No: -----

Risk Rating Low Medium High

CSO Name : _____

Signature & Date _____

Account Officer Name _____

Signature & Date : _____

Verified By : _____

Signature & Date : _____

Authorized by : _____

Signature & Date : _____

Checklist

- Forms Completed
- Proof of Identity
- Proof Address
- Recent Photograph
- Signature
- BVN
- Bank Information
- CAC FORM 07
- Letter of Appointment