

CAPITAL BANGORP LIMITED

3rd & 4^h Floors, 19/11, Macarthy Street , Onikan, Lagos.

P. O. Box. 1362, Lagos.

Tel: 234-1-4622371-5, Fax: 234-1-4622370

Commercial Paper Account Opening Form (Corporate)

1. Institutional (Corporate) Investors Data

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

Name of Investor

Street Address

City (no abbreviations)

State

Postal Address

Phone Number(s)

Fax Number

Email Address (if any)

Authorised Signatory / Director

Company Seal

Date

2. Authorised representative for the Investor

a (Documentation must be submitted authorising representative to open a Commercial Paper Account and conduct all future transactions. See "Supporting Documents" section on page 2. A Corporate (Institutional) Investor Account may have up to two authorised representatives.

First Name

Last Name

Middle Name(if any)

Title Dr. Mr. Ms. Miss. Mrs.

Other

Signature

Phone Number 1

Phone Number 2

**Please staple
your recent
passport
Photograph
here**

b

First Name

Last Name

Middle Name(if any)

Title Dr. Mr. Ms. Miss. Mrs.

Other

Signature

Phone Number 1

Phone Number 2

**Please staple
your recent
passport
Photograph
here**

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3. Supporting Documents

Please enclose appropriate supporting documents substantiating the status of the Investors Account Owner, authorisation of the establishment of the Account and the power of the Authorised Representative(s).

➤ If the Account Owner is a Company, provide the following:

- Memorandum and Articles of Association certified by CAC
- CAC Form showing list and particulars of Directors certified by CAC

However, all other categories of investors are to provide the list stated below:

➤ 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 Authorised Representative(s);

➤ 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 authorised to act as an Authorised 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).

4. Referee (Bank)

Name

Bank Account Number (Current Account)

Branch

Address

City

State

Phone Number

Fax Number

5. Declaration

We hereby attest that the information provided in this form is true and correct.

Authorised signature/Director and Company Seal

Date(dd/mm/yyyy)

6. Investment Details

This section of the form will be filled by the receiving officer and signed in the presence of both parties i.e The Authorised Signatory and the Receiving Officer.

Principal (in figure)

N

Principal (in words)

Mode of Payment

- Cheque
 Transfer

Rate %

Tenor (In Days)

Effective Date of Investment (dd/mm/yy)

Authorised Signature/Director Date and Seal

Receiving Officer Signature and Date

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For Official Use Only

<i>Receiving Officers</i>	<i>Signature</i>	<i>Date (dd/mm/yyyy)</i>
<i>Designated Account Officer</i>	<i>Signature</i>	<i>Date (dd/mm/yyyy)</i>
<i>Authorised by</i>	<i>Signature</i>	<i>Date (dd/mm/yyyy)</i>
<i>Approved by</i>	<i>Signature</i>	<i>Date (dd/mm/yyyy)</i>

Questions? Please contact the Investment Services Unit on 234-1- 8102686 or Email info@capitalbancorpng.com or visit www.capitalbancorpng.com