

CAPITAL BANGORP LIMITED3th & 4th Floors, 9/11 Macarthy street, Onikan, Lagos.

P. O. Box 1362, Lagos.

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

Please staple your recent passport Photograph here

Commercial Paper Account Opening Form (Individual)**1. Personal Data***(Account Owner must be at least 18 years of age. Please fill the Commercial Paper Account Opening Form for Institutional or Corporate Investor if account Owner is not an individual)*

First Name			Last Name		
Middle Name(if any)		Mother's maiden Name(if any)		Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs.	
Other					
Street Address			City (no abbreviations)		State
Postal Address	City	State	Phone Number 1		Phone Number 2
Your Email Address				Date of Birth (dd/mm/yyyy)	
Signature		Thumb print (where applicable)		Date	

2. Form of Identification and Source of Funding*Kindly indicate by ticking two forms of identification listed below and enclose photocopy of the supporting documents. Please note that due to Anti-money Laundering Legislation, the account may not be opened until the required documents are submitted.*
 Drivers Passport
 International Passport
 Student Identity Card (if a student)
 Corporate Identity Card (if employed)
 National Identity Card

Business/Employer's Name (Educational Institution -if currently a Student)		Business/Employer's or School's Full Address			
City	State	Phone Number		Fax Number	
Objective(s) for opening the account			Sources of wealth or income		

3. Next of Kin

First Name			Last Name		
Middle Name(if any)		Mother's maiden Name(if any)		Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs.	
Other					
Street Address			City (no abbreviations)		State
Postal Address	City	State	Phone Number 1		Phone Number 2

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4. Referee

First Name		Last Name			
Middle Name(if any)		Mother's maiden Name(if any)		Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. Other	
Street Address			City		State
Postal Address	City	State	Phone Number	Signature	

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First Name		Last Name			
Middle Name(if any)		Mother's maiden Name(if any)		Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. Other	
Street Address			City		State
Postal Address	City	State	Phone Number	Signature	

5. 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 <input type="checkbox"/> Cheque <input type="checkbox"/> Transfer		Rate %	Tenor (In Days)	Effective Date of Investment (dd/mm/yy)	
Authorised Signature/Director Date and Seal			Receiving Officer Signature and Date		

6. Declaration

I hereby declare that I understand the conditions stated above and that I agree to abide with the said conditions.

Signature

Date(dd/mm/yyyy)

For Official Use Only

Receiving Officers

Signature

Date (dd/mm/yyyy)

Designated Account Officer

Signature

Date (dd/mm/yyyy)

Authorised by

Signature

Date (dd/mm/yyyy)

Approved by

Signature

Date (dd/mm/yyyy)

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