

# CAPITAL BANGORP LIMITED

3rd & 4th Floors, 9/11 Macarthy Street, Onikan  
P. O. Box. 1362, Lagos.  
Tel: 01-4622371-5, Fax: 01-4622370, 01-2706315

## Stockbroking Account Opening Form (Institutional Or Corporate Investors)

### 1. Institutional (Corporate) Investors Data

Type of Investor: (Select <b>ONE</b> of the following choices) <input type="checkbox"/> Trust (Non-Nigerian not applicable) <input type="checkbox"/> Estate <input type="checkbox"/> Company <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Other Investors.....			
Name of Investor			
Street Address		City	State
Postal Address		Phone Number(s) ▪ ▪	Fax Number
Email Address (if any)			
Authorised Signatory / Director		Company Seal	Date (dd/mm/yyyy)

### 2. Authorised representative for the Investor

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

<b>1</b>	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 .....	Please staple your recent passport Photograph here
	Specimen Signature	Daytime Phone Number      Class	
<b>2</b>	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 .....	Please staple your recent passport Photograph here
	Specimen Signature	Daytime Phone Number      Class	
<b>3</b>	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 .....	Please staple your recent passport Photograph here
	Specimen Signature	Daytime Phone Number      Class	
<b>4</b>	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 .....	Please staple your recent passport Photograph here
	Specimen Signature	Daytime Phone Number      Class	

Mandate
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Signatories Authenticated by: _____	Signature _____
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Please Turnover

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### 3. Supporting Documents

Please enclose photocopy of the appropriate supporting documents and bring originals for sighting.

- Certificate of Incorporation
- Memorandum and Articles of Association certified by CAC;
- CAC Form Co7 certified by CAC;
- 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).

In addition to the above each authorised representative is expected to provide:

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

### 4. Referee (Bank)

Name			Account Number	
Address	City (no abbreviations)	State	Phone Number	Fax Number

### 5. Declaration

Please be informed that in compliance with the anti-money laundry legislation, transactions above N1,000,000 and N5,000,000 for individual and corporate organisation respectively, will be reported to The Central Bank of Nigeria (CBN) 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;
- ❖ that debit balances not cleared within 3 days will attract interest, at two and half times the treasury bill rate prevailing at the beginning of the month in question or 22% whichever is higher; and
- ❖ that the Company reserves the right to sell from the portfolio of the defaulter to clear the debit balance and the accrued interest, if the balance is not cleared after 14 days.

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

Authorised signatory/Director and Company Seal
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Date(dd/mm/yyyy)
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### 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)
Checked by	Signature	Date (dd/mm/yyyy)