

CAPITAL BANGORP LIMITED

Eleganza Building, 11th Floor, 15B, Wesley/Joseph Street
P. O. Box. 1362, Lagos.
Tel: 01-2600705-9, 2630118, Fax: 01-2631283, 01-4755910

Stockbroking Account Opening Form (Institutional Or Corporate Investors)

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

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 Stockbroking 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

Daytime Phone Number

Evening Phone Number

**Please staple
your recent
passport
Photograph
here**

b

First Name

Last Name

Middle Name(if any)

Title Dr. Mr. Ms. Miss. Mrs.

Other

Signature

Daytime Phone Number

Evening Phone Number

**Please staple
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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			Branch			
Address	City (no abbreviations)	State	Accredited Signatory	Accredited Signatory	Phone Number	Fax Number

5. Declaration

❖ Accounts are to be adequately funded and debit balances, if any, must be cleared within 3 days of occurrence.

❖ 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.

❖ 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.

You may at our request advance funds for the acquisition of securities and/or for other purposes against securities held in your position in our name. In the event of default, we recognize your right to sell securities in your position to cover such advances and interest at your interest advised from time to time or as agreed. In the event of such securities not covering the advances plus interest, we undertake to bring in further securities or funds to cover the outstanding amount. **[Click box if desired]**

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

Authorised signature/Director and Company Seal	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)
Approved by	Signature	Date (dd/mm/yyyy)