



INTERSTATE SECURITIES LTD

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

www.interstatesecurities.com

RC: 69487

14B, Keffi Street, Off Awolowo Road, S.W. Ikoyi, Lagos. +234-8143815548.
Ile-itesiwaju, oba Adebimpe Road, Ibadan.

CORPORATE ACCOUNT OPENING FORM

Full Name of Company	
Company Short Name	Date of Incorporation/Registration
Place of Incorporation	RC Number
Business Sector	Tax Identification Number
Company Type	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Others (specify)
Company Address	
Postal Address	
Country where Company is situated (If Not Nigeria)	
Telephone	Email
Fax	Website Address
Purpose of Investment	Source of Investment Fund
Annual Average Turnover	<input type="checkbox"/> Less than 10m <input type="checkbox"/> 50m <input type="checkbox"/> Above 50m

Bank Account Details (Your Bank Account Name Details should correspond with CSCS Account Name)

Bank Name	Branch/Address
Account Name	Account Number
Account Type	Sort Code
Principal Contact Person (1)	Principal Contact Person (2)
Name	Name
Email & Mobile No.	Email & Mobile No.
Signature & Date	Signature & Date

Authorized Signatory (1)

Name	
Date of Birth (dd/mm/yy)	Place/Country of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality
Residential Address	
Phone Number	Email
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voters' Card <input type="checkbox"/> Others	
ID Number	Issue Date
Expiry Date	Place of Issue
BVN	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Tax ID Number	
Specimen Signature & Date	

**Affix
Current
Passport
Photograph**

Authorized Signatory (2)

Name			
Date of Birth (dd/mm/yy)	Place/Country of Birth		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality		
Residential Address			
Phone Number	Email		
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voters' Card <input type="checkbox"/> Others	Affix Current Passport Photograph		
ID Number		Issue Date	
Expiry Date		Place of Issue	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
BVN		Tax ID Number	
Specimen Signature & Date			

Authorized Signatory (3)

Name			
Date of Birth (dd/mm/yy)	Place/Country of Birth		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality		
Residential Address			
Phone Number	Email		
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voters' Card <input type="checkbox"/> Others	Affix Current Passport Photograph		
ID Number		Issue Date	
Expiry Date		Place of Issue	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
BVN		Tax ID Number	
Specimen Signature & Date			

Authorized Signatory (4)

Name			
Date of Birth (dd/mm/yy)	Place/Country of Birth		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality		
Residential Address			
Phone Number	Email		
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voters' Card <input type="checkbox"/> Others	Affix Current Passport Photograph		
ID Number		Issue Date	
Expiry Date		Place of Issue	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
BVN		Tax ID Number	
Specimen Signature & Date			

Names & Signatures of Directors (with Mandate / Signing Instruction)

Questionnaire

Please state if any of your Directors, Signatories or Major Shareholders holds/ have held any Political Position

1. Name:	Date: From	To
2. Name:	Date: From	To
3. Name:	Date: From	To
4. Name:	Date: From	To

(2) Have any of your Directors close relatives/associates occupied a political position? Yes No

If yes, please state your relationship below.

i. Name and Position

ii. Name and Position

Date: From.....To.....

Date: From.....To.....

(3). How did you know about us? Staff Relative Website Social Media Others(Specify)

Order Management Service (OMS) Details

Intertrade OMS is an online stockbroking service powered by Interstate Securities Limited, that allows investors to buy and sell Equities / Bonds from the comfort of their Home, Office or anywhere in the world, provided there is access to internet service.

Category of Users: Broker Trained / Skilled Client (for direct trade without any input from our in-house broker)
 Indirect / non -Broker Trained/Skilled Client

For the Broker Trained / Skilled Client, please provide CIS and NSEATSCertification

Overall Investment Objectives: Capital Preservation Retirement Income Growth Other (please specify)

Risk Tolerance: Conservative Moderately Conservative Moderately Aggressive Moderately Aggressive

Mode of Payment:

Declaration and Rights to Set Off

We wish to open a stockbroking account and confirm that the above information is true, We agree to be bound by the terms and conditions governing the operation of the account in particular. We hereby unreservedly confirm that if our account should become overdrawn and We fail to make good the overdrawn account within one week of a willing demand to do so, Interstate Securities may set the amount off against any other of our accounts or dispose off our shares to liquidate the outstanding balance. We hereby certify that the funds and sources of such funds and/or asset are legitimate and not directly or indirectly of any unlawful activity.

Name, signature and Date

Name, signature and Date (For Joint / Custody Account)

For Official Purpose Only

Delivered By Email Company Representative Others(Specify)

Document Received By (Staff Name)

Location/Branch

Initial Amount Deposited

Documentation Checklist

1. Completed Account Opening Form	<input type="checkbox"/>	2. Proof of Address for all Directors & Signatories (copy of utility bill)	<input type="checkbox"/>
3. Photocopy of Identification Documents for all Directors & Signatories (International Passport/Valid Driver's License / National Identity Card)	<input type="checkbox"/>	4. Email & SMS Indemnity	<input type="checkbox"/>
5. Two Passport Photographs of all Directors & Signatories	<input type="checkbox"/>	6. Copy of Article & Memorandum of Association	<input type="checkbox"/>
7. BVN Validation Printouts (For Directors)	<input type="checkbox"/>	8. Copy of Utility Bill to confirm Company address (Not older than 3months)	<input type="checkbox"/>
9. Particulars of Shareholders with minimum of 5% shareholdings	<input type="checkbox"/>	10. NSE/CSCS Trade Alert Form	<input type="checkbox"/>
11. Particulars of Directors Form CAC 7 (LTDs only)	<input type="checkbox"/>	12. Return of Allotment of Shares Form CAC 2 (LTDs only)	<input type="checkbox"/>
13. Copy of Certificate of Incorporation/Evidence of Business Registration	<input type="checkbox"/>	14. CSCS Direct Cash Settlement Form	<input type="checkbox"/>
15. Board Resolution / Management Approval stating a. Approval to open a stockbroking account with ISL b. The List of Authorized Signatories	<input type="checkbox"/>	16. Complaint Management Policy and Process.	<input type="checkbox"/>
18. Standard Terms & Conditions	<input type="checkbox"/>	17. CSCS Particulars of Shareholder's Form	<input type="checkbox"/>
20. Banker's Confirmation from holder's bank addressed to ISL	<input type="checkbox"/>	19. Signed Risk Disclosure Document	<input type="checkbox"/>
		21. Completed CRS Self-Certification Form	<input type="checkbox"/>
Documentation Status	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	Risk Rating	<input type="checkbox"/> Low <input type="checkbox"/> High
Referred By: (Name/Signature/Mobile No.)			
Relationship Officer's Name		Signature & Date	
Compliance Officer's Name		Signature & Date	
CSCS Number	CHN	InterTrade Account Number	