



CORPORATE ACCOUNT OPENING FORM

Details of Company

Full Name of Company:

Company Short Name:

Date of Incorporation/Registration:

Place of Incorporation:

RC Number:

Business Sector:

Tax Identification Number:

Company Type: Limited Liability Partnership Others (*specify*)

Company Address:

Postal Address:

Country where Company is located (if not Nigeria):

Phone Number:

Email Address:

Fax Number:

Website:

Purpose of Investment:

Source of Investment:

Annual Average Turnover: less than 10m 50m Above 50m

Bank Account Details (Bank account Name & Details should correspond with the CSCS Account Name)

Bank Name:

Account Name:

Account Number:

Account Type: Savings Current

Sort Code:

Account Opening Date:

Principal Contact Person (1)

Principal Contact Person (2)

Name:

Name:

Email Address:

Email Address:

Phone Number:

Phone Number:

Signature & Date:

Signature & Date:

Authorized Signatory (1)

Full Name:

Date of Birth (*dd/mm/yyyy*):

Gender: Male Female

Place of Birth:

Nationality:

Residential Address:

Phone Number:

Email Address:

ID Type(*tick as applicable*): Driver's License Int'l Passport Voter's Card NIN

ID Number:

Expiry Date:

Bank Name:

Account Name:

Account Number:

Account Type: Savings Current

BVN:

Account Opening Date:

**Affix Current
Passport
Photograph**

Authorized Signatory (2)

Full Name:

Date of Birth (dd/mm/yyyy):

Gender: Male Female

Place of Birth:

Nationality:

Residential Address:

Phone Number:

Email Address:

ID Type(tick as applicable): Driver's License Int'l Passport Voter's Card NIN

ID Number:

Expiry Date:

Bank Name:

Account Name:

Account Number:

Account Type: Savings Current

BVN:

Account Opening Date:

**Affix Current
Passport
Photograph**

Authorized Signatory (3)

Full Name:

Date of Birth (dd/mm/yyyy):

Gender: Male Female

Place of Birth:

Nationality:

Residential Address:

Phone Number:

Email Address:

ID Type(tick as applicable): Driver's License Int'l Passport Voter's Card NIN

ID Number:

Expiry Date:

Bank Name:

Account Name:

Account Number:

Account Type: Savings Current

BVN:

Account Opening Date:

**Affix Current
Passport
Photograph**

Authorized Signatory (4)

Full Name:

Date of Birth (dd/mm/yyyy):

Gender: Male Female

Place of Birth:

Nationality:

Residential Address:

Phone Number:

Email Address:

ID Type(tick as applicable): Driver's License Int'l Passport Voter's Card NIN

ID Number:

Expiry Date:

Bank Name:

Account Name:

Account Number:

Account Type: Savings Current

BVN:

Account Opening Date:

**Affix Current
Passport
Photograph**

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

I. _____
 II. _____
 III. _____
 IV. _____

Questionnaire (POLITICALLY EXPOSED PERSON)

PEP (politically exposed person) is defined by the Financial Action Task Force (FATF) as an individual who is or has been entrusted with a prominent public function/position.

1. Have you occupied/occupying any political position? Yes No Date: From _____ To _____

If 'Yes' please state the recent political position occupied: _____

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

If 'Yes', please state your relationship below:

i) Name and Position: _____ Date: From _____ To _____

ii) Name and Position: _____ Date: From _____ To _____

3. How did you hear about us: Staff Relatives Website Social Media Others (specify)

Declaration and Rights to Set off

We wish to open an Estate 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 Name, Signature and Date Name, Signature and Date

FOR OFFICIAL USE ONLY

Documentation Checklist

1. Completed Account Opening Form <input type="checkbox"/>	2. Proof of Address for all Directors & Signatories (Utility Bill) <input type="checkbox"/>
3. Means of Identification of Signatories <input type="checkbox"/>	4. Two Passport Photograph of Signatories <input type="checkbox"/>
5. Copy of Article & Memorandum of Association <input type="checkbox"/>	6. BVN Validation Printouts (For Signatories) <input type="checkbox"/>
7. Copy of Utility Bill of Company address (Not older than 3 months) <input type="checkbox"/>	8. Particulars of Shareholders <input type="checkbox"/>
9. Particulars of Directors Form CAC 7 (LTDs only) <input type="checkbox"/>	10. Return of Allotment of Shares Form CAC 2 (LTDs only) <input type="checkbox"/>
11. Copy of Certificate of Incorporation <input type="checkbox"/>	12. CSCS Direct Cash Settlement Form <input type="checkbox"/>
13. Board Resolution / Management Approval stating a. Approval to open a stock broking account with ISL <input type="checkbox"/> b. The List of Authorized Signatories <input type="checkbox"/>	14. Banker's Confirmation from holder's bank addressed to ISL <input type="checkbox"/>
Documentation Status: Complete <input type="checkbox"/> Incomplete <input type="checkbox"/>	Risk Rating : High <input type="checkbox"/> Low <input type="checkbox"/>
Delivered By: Email <input type="checkbox"/> Company Representative <input type="checkbox"/> Self <input type="checkbox"/> Others (Specify) <input type="checkbox"/>	

Documents Received By: (Name/Signature/Phone Number)

Documents Received By (Staff Name): _____ Sign & Date: _____

Location/Branch: _____ Initial Deposit: _____

Head of Department: _____ Sign & Date: _____

Compliance Officer: _____ Sign & Date: _____