

RC NO. 1193709



**KYC FORM**  
**CORPORATE ACCOUNT OPENING FORM**

New Client

Amendment

CHN:

CSCS A/C:

Full Name of Company	
Company Short Name:	Date of Incorporation/Registration:
Nature of Business:	RC/BN Number:
Company Type: <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Others	
Company Address: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Postal Address:	
Tax Identification Number:	
Telephone No(s):	Email:
Fax:	Website Address:
Average Annual Turnover (NGN) <input type="checkbox"/> Less than 10m <input type="checkbox"/> 10-50m <input type="checkbox"/> Above-50	Purpose of Investment:
	Source of Investment Fund:

**BANK ACCOUNT DETAILS: (YOUR BANK ACCOUNT NAME DETAILS CORRESPOND WITH CSCS ACCOUNT NAME)**

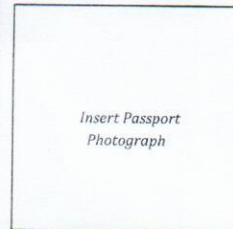
Bank Name:	Account Type: <input type="checkbox"/> Current <input type="checkbox"/> Savings
Account Name:	Account Number:

**PRINCIPAL CONTACT PERSON:**

Name:	
Email:	GSM:
Signature & Date:	

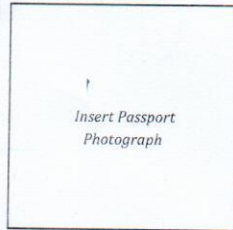
**AUTHORIZED SIGNATORY (1)**

Name:			
Designation:			
Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> Voter's Card			
ID Number	Issue Date:	Expiry Date	Place of Issue:



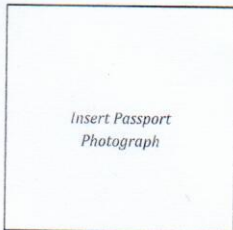
**AUTHORIZED SIGNATORY (2)**

Name:			
Designation:			
Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> Voter's Card			
ID Number	Issue Date:	Expiry Date	Place of Issue:



**AUTHORIZED SIGNATORY (3)**

Name:			
Designation:			
Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> Voter's Card			
ID Number	Issue Date:	Expiry Date	Place of Issue:



**DOCUMENTATION CHECK LIST:**

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| 1. Completed Account Opening Form   | <input type="checkbox"/> | 10. Board Resolution/Management Approval        | <input type="checkbox"/> |
| 2. Passport Photograph of all Directors and Signatories                   | <input type="checkbox"/> | 11. CAC2  | <input type="checkbox"/> |
| 3. Photocopy of identification Documents for all Directors & Signatories  | <input type="checkbox"/> | 12. Partnership Deed                            | <input type="checkbox"/> |
| 4. The List of authorized signatories                                     | <input type="checkbox"/> | 13. Constitution                                | <input type="checkbox"/> |
| 5. Proof of Address for Directors & Signatories (Copy of Utility Bill)    | <input type="checkbox"/> | 14. Particulars of Shareholders with minimum of | <input type="checkbox"/> |
| 6. Email Indemnity  | <input type="checkbox"/> | 5% Shareholdings                                |                          |
| 7. Standard Terms & Conditions  | <input type="checkbox"/> | 15. Particulars of Directors Form CAC 7         | <input type="checkbox"/> |
| 8. Copy of Certificate of Incorporation/Evidence of Business Registration | <input type="checkbox"/> | 16. Returns on Allotment of Share Form          | <input type="checkbox"/> |
| 9. Memorandum & Articles of Association                                   | <input type="checkbox"/> | 17. Company Seal/Stamp                          | <input type="checkbox"/> |

**BEST EXECUTION POLICY**

FINANCIAL & ANALYTICS CAPITAL LIMITED is expected to take all reasonable steps to obtain the best possible order execution for its clients, taking into account price, cost, speed, likelihood of execution and settlement, size, nature and/or any other relevant order execution consideration, whether we are executing orders on behalf of clients or placing orders with, or passing orders to others for execution.

Where a client gives us a specific instruction as to the execution of an order, we will execute it in accordance with that instruction. Where the specific instruction relates to only part of the order. We will apply our best judgement to the parts of the order not recovered by the specific instructions. This applies to all clients of F&A dealing in Financial Instruments available in the Nigerian Capital Market.

**ATTESTATION**

We attest that all information provided herein is accurate and would notify you to update our records where any change occurs

[Empty signature box]

Director's Signature & Date

[Empty signature box]

Director's Signature & Date

**CLIENT (S) INDEMNITY TO FINANCIAL AND ANALYTICS CAPITAL LIMITED WITH RESPECT TO INSTRUCTIONS GIVEN VIA ELECTRONIC CHANNELS**

Having agreed to accept and to act on my/our instructions given via E-mail, and other Electronic Channels in respect of any transactions regarding my/our account with F&A, I/we hereby confirm that:

1. I/We understand that it is my/our responsibility to keep my/our Account details as private and confidential to prevent unauthorized access to my/our compromise is binding on me/us.
2. I/We understand that it is my/our responsibility to notify F&A where I/WE detect that my/our Account details have been (compromised. I/We also understand that any transaction executed on my/our account before F&A is notified of such compromise is binding on me/us.
3. F&A is authorized to act on instructions, which have been transmitted via any of the referenced electronic channels without bearing my/our signature (s) provided such instructions emanated from my/our registered details in F&A's records.
4. F&A shall not be under any duty to verify the identity of the person (s) giving instructions in my/our name provided such instructions have emanated from my/our registered details in F&A's records and any transaction made pursuant to the instructions shall be binding upon me/us.
5. Except my/our instruction sent via any of the referenced electronic channels is duly revoked or modified by a subsequent instruction issued by me/us and such sub-sequent instruction has been communicated to and received by F&A before the execution of the prior instruction and within the stipulated deadline for revocation and or amendment of instructions, I/We undertake to bound irrevocably by such prior instruction.
6. I/We understand that where a mandate /instruction is sent via e-mail, I/We should receive a relied acknowledgement e-mail immediately. Where this is not received within 30 minutes, I/We understand that I/We should immediately contact F&A to confirm receipt of the mandate/instruction.
7. I/We understand that upon submission of my/our mandates/instructions placed via email, it is my/our responsibility to confirm that such mandates/instructions have been successfully submitted and are reflecting on my/our in-house account. Where the mandate/instructions are not reflecting, I/We should immediately contact F&A to confirm receipt of the mandate/instruction.
8. I/We hereby agree to keep F&A indemnified from and against all actions, proceedings, claims and demands which may be brought or made against F&A and all losses, costs, charges, damages and expenses which may be incurred or sustained or for which F&A may become liable by reason of honoring such E-mail, and other Electronic Channels instructions provided that F&A has taken all measures prescribed by this agreement irrespective of whether the instructions are in fact erroneous, fraudulent or issued otherwise than as aforesaid.

**Confirmation:**

I/We hereby confirm that I/We have read and agreed to be bound by the above terms and conditions and indemnity. Name of account holder/Corporate account holder:

\_\_\_\_\_

CSCS Number: \_\_\_\_\_ Phone Number (SMS): \_\_\_\_\_

Email Address For Transactions: \_\_\_\_\_

Signature of Account-holder: \_\_\_\_\_

Signature of Corporate Account-holder:

\_\_\_\_\_

DIRECTOR

\_\_\_\_\_

DIRECTOR/SECRETARY

affix seal)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



# INVESTOR'S BANK ACCOUNT UPDATE FORM FOR DIRECT SETTLEMENT

CSCS Plc, Stock Exchange House (Floors 1, 12, 13, 14 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: [info@cscsnigeriaiplc.com](mailto:info@cscsnigeriaiplc.com) Website: [www.cscsnigeriaiplc.com](http://www.cscsnigeriaiplc.com)

Telephone Number: + 234 (1) 9033551

(FORM 001)

ACCOUNT TYPE: PERSONAL   
(Please Tick appropriately)

CORPORATE

### CLIENT'S DETAILS

NAME OF CLIENT (surname first) OR COMPANY'S NAME:

AFFIX  
PASSPORT  
PHOTOGRAPH

DATE OF BIRTH/CAC NO:.....

MOTHER'S MAIDEN NAME (where applicable).....

ADDRESS.....

CSCS ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CLEARING HOUSE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TEL. NUMBER: (1)..... (2).....

E-MAIL ADDRESS: (1)..... (2).....

DO YOU OPT FOR DIRECT SETTLEMENT INTO YOUR BANK ACCOUNT? YES  NO

SIGNATURE: (1)..... (2).....

(For Corporate accounts, two authorized signatories must sign with their passports photographs affixed and company's Seal appended on this form).



### CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH:.....

ACCOUNT NUMBER:

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BANK VERIFICATION NUMBER (BVN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT

(Please tick the type of account)

Current

Savings

### STOCKBROKING FIRM DETAILS.

MEMBER CODE: 

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STOCKBROKING FIRM:.....

AUTHORISED SIGNATORIES & COMPANY'S STAMP (1).....

(2).....