

Capital Bancorp Plc

(Member of The Nigerian Stock Exchange)

CORPORATE ACCOUNT OPENING FORM

Company Details		
Company Name	Date of Incorporation/ Registration-	
Place of Incorporation	RC Number	
Business Sector	Tax Identification Number (TIN)	
Company Type <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Enterprise <input type="checkbox"/> Others		
Company Address		
Postal Address		
Country of residence	Corporate Email Address	
Telephone No(s)	Website Address	
Fax	Purpose of Investment	
Average Annual Turnover (NGN) <input type="checkbox"/> Less than 10m <input type="checkbox"/> 10-50m <input type="checkbox"/> Above 50m	Source of Investment Fund	
Bank Account Details (Your Bank Account Name Details Should Correspond With CSCS Account Name).		
Name of bank	Account Creation Date	
Account Name	Account Number	
BVN	Sort Code	
Principal Contact Person		
Surname	Middle Name	First Name
Phone Number	E-mail Address	
Signature & Date		
Authorized Signatory (1)		
Surname	Middle Name	First Name
Date of Birth (dd/mm/yyyy)	Place/Country of Birth	Nationality:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	State of origin:	LGA:
Marital Status: Married <input type="checkbox"/>	Single <input type="checkbox"/>	Others <input type="checkbox"/>
Contact Address		
Phone Number	E-mail Address	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voters Card <input type="checkbox"/> Others		
ID Number	Issue Date	
Expiry Date	Place of Issue	
Designation	Tax Identification Number	
Class of Signatory <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Specimen Signature & Date		

Authorized Signatory (2)

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

Authorized Signatory (3)

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

Authorized Signatory (4)

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

Mandate

Mandate / Signing Instruction

POLITICALLY EXPOSED PERSONS

Please state if any of your Directors, Signatories or Major Shareholders have held any Political Position or if any of their close relatives/associates have occupied any Political Position. If yes, please state their names and their relationship with such persons:

1. Name: _____ Position Held _____ Date: From _____ To _____

Relationship _____

2. Name: _____ Position Held _____ Date: From _____ To _____

Relationship _____

3. Name: _____ Position Held _____ Date: From _____ To _____

Relationship _____

4. Name: _____ Position Held _____ Date: From _____ To _____

Relationship _____

Attestation

I/We _____ declare that the information provided herein is true and correct. I/We agree that any information found to be False may cause CAPITAL BANCORP PLC to decline the application or close the account if it has been opened.

Name, Signature and Date

Name, Signature and Date

For Official Purpose Only

Documentation Checklist

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Completed account opening form | <input type="checkbox"/> | 8. *Copy of certificate of incorporation/ evidence of business registration | <input type="checkbox"/> |
| 2. Standard terms and conditions | <input type="checkbox"/> | 9. *Particulars of directors form CAC 7 (limited liability companies only) | <input type="checkbox"/> |
| 3. Passport photograph of all directors and signatories | <input type="checkbox"/> | 10. *Return on allotment of shares form CAC 2 (limited liability companies only) | <input type="checkbox"/> |
| 4. **Copy of identification documents for all directors and signatories | <input type="checkbox"/> | 11. *Memorandum and articles of association/ constitution/ partnership deed | <input type="checkbox"/> |
| 5. **Proof of company address | <input type="checkbox"/> | 12. Safe watch list report | <input type="checkbox"/> |
| 6. **Proof of Address for all directors and signatories (copy of recent utility bill) | <input type="checkbox"/> | 13. Corporate search report | <input type="checkbox"/> |
| 7. Board resolution stating management approval to open stockbroking account with SISL and list of authorised signatories | <input type="checkbox"/> | | |

*Certified true copies by the Corporate Affairs Commission

**Originals copies must be sighted

Documentation Status	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Risk Rating	<input type="checkbox"/> Low	<input type="checkbox"/> Medium <input type="checkbox"/> High
Account Opening Authorized By		
Date		
CSCS Number	Account Number	