

Corporate Account Opening/Update Form



8. Alhaji Kanike Close, Off 100 Awolowo Road, Ikoyi, Lagos

Company Name: _____

Registered Address _____

Preferred Address for this account: _____
(If different from registered address above)

Telephone

Phone 1: _____ Phone 2: _____ Mobile: _____

Facsimile: _____ Email: _____

Website: _____

Date of Incorporation: / /
Day Month Year

Incorporation Number: _____

Type of Account: Stock broking Portfolio Mgt
(Please tick type of Account (s) you want to open)

Preferred Means of Communication: Email Telephone Others _____
(Please specify)

Referee's Name: _____

Email: _____

Phone No.: _____

DIRECTOR 1

Please provide details of persons authorized to give us share trading instructions on behalf of your company. Except your company directs us otherwise in writing, we may act on the trading instructions of the Authorised Person.

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Mobile Phone: _____ Office: _____ Home: _____

Email: _____

Date of Birth: / / Nationality: _____
Day Month Year

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No.: _____

Date Issued / / Place of Issue _____
Day Month Year

Foreigners' Resident Permit No: _____ Permit Validity: _____

Mother's Maiden Name: _____ Spouse's Name: _____

Signature (for mandate purposes). Please sign within the box

Passport
Photograph for 1st
authorised person

Date: ___ / ___ / _____

DIRECTOR 2

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Mobile Phone: _____ Office: _____ Home: _____

Email: _____

Date of Birth: / / Nationality: _____
Day Month Year

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No.: _____

Date Issued / / Place of Issue _____
Day Month Year

Foreigners' Resident Permit No: _____ Permit Validity: _____

Mother's Maiden Name: _____ Spouse's Name: _____

Signature (for mandate purposes). Please sign within the box

Passport
Photograph for 2nd
authorised person

Date: ___ / ___ / _____

SIGNATURE MANDATE

S/n	Authorized Signatories	Class	Signature Specimen
1		<input type="checkbox"/>	
2		<input type="checkbox"/>	
3		<input type="checkbox"/>	

Signing Mandate (Please indicate your mandate instruction i.e. Sole signatory, two to sign etc)

BANK ACCOUNT INFORMATION

Name of Bank: _____

Address of Bank: _____

Account Type: _____

Account Number: _____

NIN No: _____

Sort Code: _____

Date Bank Account was opened: _____

PLEASE STATE ACCOUNT HOLDER'S SOURCE OF FUNDS

DECLARATION

I/We confirm that all the information provided in this form are correct and accurate. By signing this application form, I/we apply to open an account with Lambeth Capital Limited and agree to be bound by the terms and conditions of the account if this application is accepted. If I/we am signing under a Power of Attorney, I/we declare that the Power of Attorney has not been amended or revoked.

Signature of authorised person(s) _____

FOR OFFICE USE ONLY

Checklist of attached documents

	YES	NO	WAIVED	DEFER	UNTIL
Copy of Identification: Driver's license or International Passport or National ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
One passport size photograph each of signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Memorandum and Article of Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CTC of CAC Form CO2 (Allotment of Shares)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CTC of CAC Form CO7 (particulars of Directors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Board resolution authorising opening and operation of the account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The applicant(s) was/were interviewed by me by telephone/in person (delete as appropriate).

I recommend that aAccount be opened as requested.

Account Officer's Name:Signature: Date:

Head of Operations:Signature: Date:

Compliance Officer:SignatureDate:

Executive Management Remarks:

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Internal Audit: Date: