

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> BetaPlus Acquisition Financing | <input type="checkbox"/> Debt Factoring | <input type="checkbox"/> Others |
| <input type="checkbox"/> Equity Investment and Trading | <input type="checkbox"/> Debt Forfeiting | |
| <input type="checkbox"/> New Equity Issues (IPO offer for subscription
Offer for sale, private Placement, Right issues) | <input type="checkbox"/> Debt Securitization | |

Please complete in block letters

ORGANISATION INFORMATION

CORPORATE

UNINCORPORATED

PUBLIC SECTOR

Name of Organisation (in full):

Registration Number:

Incorporated:

Registered office address (Not P.O Box)

Street:

City:

State:

Zip code:

Mailing/Postal Address:

Street:

City:

State:

Zip code:

Office Tel (nos):

Mobile (1):

Mobile (2):

PRIMARY CONTACT

Title: Mr/Mrs:

First Name:

Middle Name:

Last Name:

Please if by post, official designation/full address of recipient:

Street:

City:

State:

Zip code:

Annual turnover (Last six (6) months)

Taxpayer Identification number:

CUSTOMER'S BUSINESS DETAILS

Please fill the questionnaires below about your business:

Business Type: Service Production Others (Please specify source of funds)

INDUSTRY:

Energy: Upstream & Downstream Information & Communication Technology Retail/Wholesale Conglomerate
 Manufacturing Transportation & Services Fast moving consumer goods (FMCG) Agriculture/Mining

Others (Please specify):

CORPORATE/UNINCORPORATED/ PUBLIC SECTOR ACCOUNT OPENING CHECKLIST

<input type="checkbox"/> CORPORATE ACCOUNT	Yes	No	Deferred	Waiver
<input type="checkbox"/> Account Opening form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One recent passport photograph of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valid means of identification of each signatory (Copy of sighted original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate of Incorporated (copy of sighted original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Form C07- Particulars of Directors (copy of sighted original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certified true copy of memorandum and article of association (Copy of sighted original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Board Resolution (executed on company's letterhead under seal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Location Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Documentation Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CBN Mandatory form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CBN Licence to operate MFB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Independent search to be obtain by OBIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mandatory Opening Balance of N500,000.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> UNINCORPORATED ACCOUNT	Yes	No	Deferred	Waiver
<input type="checkbox"/> Account opening form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One recent passport photograph of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valid means of identification of each signatory (Copy of sighted original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Form of application for Registration of Business Name (Copy of sighted original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy of Rules/Constitution (for clubs/Societies/Associations) (Copy of sighted original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Society/Club/Association/Partnership Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Partnership Agreement/Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Two duly completed References	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Location Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Documentation Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> PUBLIC SECTOR ACCOUNT	Yes	No	Deferred	Waiver
<input type="checkbox"/> Account opening form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One recent passport photograph of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valid means of identification of each signatory (Copy of sighted original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Resolution to open an Account and the Bye-law where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy of Government Instrument for the establishment (for LGA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attorney General Introduction Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Document Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANDATE INSTRUCTION

Passport Photograph
(1)

Print your First,
Middle & Last Name
Signature at the back
of the passport

Signature

Passport Photograph
(4)

Print your First,
Middle & Last Name
Signature at the back
of the passport

Signature

Passport Photograph
(2)

Print your First,
Middle & Last Name
at the back of the
passport

Signature

Passport Photograph
(5)

Print your First,
Middle & Last Name
Signature at the back
of the passport

Signature

Passport Photograph
(3)

Print your First,
Middle & Last Name
at the back of the
passport

Signature

Passport Photograph
(6)

Print your First,
Middle & Last Name
Signature at the back
of the passport

Signature

S/N	First Name	Middle Name	Last Name	Suffix	Designation	Category	Signature
1							
2							
3							
4							
6							

Account Mandate Instruction:

Declaration:

I/We _____ hereby confirm that all the information given in this account opening package by me/us is true. I/We will be liable of any consequences that may arise if any of the information is found to be false. I/We undertake to indemnify the company against liability/loss that may arise from any information giving by Me/Us if it is found at any time.

Chairman/MD/CEO

Secretary/Director

(Place Company Seal Here)