

# Account Opening Form (Corporate)

## Checklist (Official use only)

		Checked	Deferred	Waived	N/A			Checked	Deferred	Waived	N/A
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Duly completed Specimen Signature card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	Form CAC 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Copy of CAC Certificate of Registration (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	Utility Bill/Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Board Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.	Evidence of registration with SCUML (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Copy of Memorandum and Article of Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	Evidence of registration with NIPC (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Form C07 Particulars of Directors (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	Proof of identity of all Signatories and Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Form C02 Allotment of Shares (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.	Power of Attorney/Madate letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Resident Permit or Work Permit (for non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.	Letter of Indemnity (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Two (2) passport-sized photographs of each Signatory (Full names written on the reverse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	Partnership Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Introduction letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

**CORPORATE ACCOUNT OPENING FORM**

**COMPANY'S PROFILE**

\* Company Name

\* Company's Address

\* Telephone no.

\* Affiliations

\* Annual Turnover  <50Million  50Million-99.9Million  100Million-99.9Million  500Million-99.9Million  
 1Billion-4.9Billion  5Billion and Above

\* Nature of business

\* Email Address 

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

\* Date of Incorporation 

D	D	M	M	Y	Y	Y	Y

\* RC Number 

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**BOARD RESOLUTION / SIGNATURE MANDATE**

At the board meeting of \_\_\_\_\_ held on the \_\_\_\_\_ at \_\_\_\_\_  
it was resolved that an account be opened with Folsort Investment Services Limited

**AUTHORIZED PERSON 1**

\* Surname 

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\* First Name 

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\* Designation 

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\* Signature

\* Date 

D	D	M	M	Y	Y	Y	Y

\* Class A  B



**AUTHORIZED PERSON 2**

\* Surname 

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

\* First Name 

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\* Designation 

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

\* Signature

\* Date 

D	D	M	M	Y	Y	Y	Y

\* Class A  B



\* Mandate/Signing Instruction:

\* Director's Signature

Director's/Company Secretary's Signature

\* Date 

D	D	M	M	Y	Y	Y	Y

\* Date 

D	D	M	M	Y	Y	Y	Y



**DIRECTOR 1**

\* Title

\* Surname

\* Other Names

\* Relationship to applicant

\* Telephone no.

\* BVN

\* Identification Document  International Passport  Driver's Licence  Permanent Voters Card  
 Utility Bill  National ID Card

\* Signature

\* First Name

\* Date of Birth

\* Residential Address

\* Mobile no.

**DIRECTOR 2**

\* Title  Guarantor  Male  Female

\* Surname

\* Other Names

\* Relationship to applicant

\* Telephone no.

\* BVN

\* Identification Document  International Passport  Driver's Licence  Permanent Voters Card  
 Utility Bill  National ID Card

\* Signature

\* First Name

\* Date of Birth

\* Residential Address

\* Mobile no.

**DIRECTOR 3**

\* Title  Guarantor  Male  Female

\* Surname

\* Other Names

\* Relationship to applicant

\* Telephone no.

\* BVN

\* Identification Document  International Passport  Drivers Licence  National ID Card  Permanent Voters Card  
 Utility Bill

\* Signature

\* First Name

\* Date of Birth

\* Residential Address

\* Mobile no.

## SIGNATURE

\* Director's Signature

\* Director's /Company Secretary's Signature

\* Date 

D	D	M	M	Y	Y	Y	Y

\* Date 

D	D	M	M	Y	Y	Y	Y

## BANK DETAILS

\* Bank Name  \* Account Name

\* Account No.  \* Account Type  Savings  Current

\* Date of Opening 

D	D	M	M	Y	Y	Y	Y

\* BVN

## AUTHORIZED SIGNATORY

### AUTHORIZED SIGNATORY 1

\* Surname  \* First Name

\* Designation  \* Class  A  B

\* Date of Birth 

D	D	M	M	Y	Y	Y	Y

\* Email

\* Residential Address

\* Telephone no.  \* Mobile no.

\* Identification Document  International Passport  Drivers Licence  National ID Card  Permanent Voters Card  
 Utility Bill

\* Signature

\* Date 

D	D	M	M	Y	Y	Y	Y

### AUTHORIZED SIGNATORY 2

\* Title  Gender: Male  Female

\* Surname  \* First Name

\* Designation  \* Class  A  B

\* Date of Birth

\* Email

\* Residential Address

\* Telephone no.  \* Mobile no.

\* Identification Document  International Passport  Drivers Licence  National ID Card  Permanent Voters Card  
 Utility Bill

\* Signature

\* Date 

D	D	M	M	Y	Y	Y	Y

**AUTHORIZED SIGNATORY 3**

\* Title      Gender: Male  Female

\* Surname

\* Designation

\* Date of Birth

\* Telephone no.

\* Identification Document  International Passport  Drivers Licence  National ID Card  Permanent Voters Card  Utility Bill

\* Signature

\* First Name

\* Class  A  B

\* Email

\* Residential Address

\* Mobile no.

\* Date

**AUTHORIZED SIGNATORY 4**

\* Title      Gender: Male  Female

\* Surname

\* Designation

\* Date of Birth

\* Telephone no.

\* Identification Document  International Passport  Drivers Licence  National ID Card  Permanent Voters Card  Utility Bill

\* Signature

\* First Name

\* Class  A  B

\* Email

\* Residential Address

\* Mobile no.

\* Date

**INVESTMENT DETAILS**

\* Initial Investment

\* Mode of Payment  Cheque  Bank Transfer

\* Mode of Communication  Email  Letter

\* Investment Objective  Income  Growth  Preservation of capital

**PLEASE INDICATE HOW YOU HEARD ABOUT US**

Website  Newspaper  Radio Jingles  Seminars  Referrals  Social Media  Others

**KYC DOCUMENTS**

Certificate of Incorporation  Memorandum and Articles of Association  C.A.C Form2

C.A.C Form7  Company's Utility Bill  Passport Photograph of Directors and Authorized Signatory

Means of ID of Directors and Authorized Signatory  Board Resolution

Special Control Union Money Laundering (SCUML) Certification applicable to applicant

E-mail: [customer@folsortinvestmentservices.com](mailto:customer@folsortinvestmentservices.com)  
WhatsApp Number: 08110042305  
Telephone: 08110042306