

# Corporate Application Form



Securities Africa Financial Limited  
(Member of The Nigerian Stock Exchange)  
**RC437419**

Company Name: \_\_\_\_\_

Registered Address \_\_\_\_\_

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

Telephone  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date of Incorporation:   /   /      
Day Month Year

Tax Identification No: \_\_\_\_\_

Incorporation Number: \_\_\_\_\_

Type of Account: Stock broking  Loan  Treasury  Asset Mgt  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.: \_\_\_\_\_

## AUTHORISED PERSONS

### FIRST AUTHORISED PERSON

Please provide details of any other person the Applicant authorizes to give us share trading instructions on their behalf. Unless the Applicant 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: \_\_\_\_\_

Telephone  
Mobile: \_\_\_\_\_ 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: \_\_\_\_\_ Bank Verification Number: \_\_\_\_\_

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 in black ink within the box

Passport  
Photograph for 1<sup>st</sup>  
authorised person

**SECOND AUTHORISED PERSON**

Title  Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Marital Status: Single  Married  Others \_\_\_\_\_  
(Please specify)

Residential Address (not P.O. Box) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone  
Mobile: \_\_\_\_\_ 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: \_\_\_\_\_ Bank Verification Number: \_\_\_\_\_

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 in black ink within the box

Passport  
Photograph for 2<sup>nd</sup>  
authorised person

**THIRD AUTHORISED PERSON**

Title  Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Marital Status: Single  Married  Others \_\_\_\_\_  
(Please specify)

Residential Address (not P.O. Box) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone  
Mobile: \_\_\_\_\_ 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: \_\_\_\_\_ Bank Verification Number: \_\_\_\_\_

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 in black ink within the box

Passport  
Photograph for 3<sup>rd</sup>  
authorised person

**FOURTH AUTHORISED PERSON**

Title  Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Marital Status: Single  Married  Others \_\_\_\_\_  
(Please specify)

Residential Address (not P.O. Box) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone  
Mobile: \_\_\_\_\_ 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: \_\_\_\_\_ Bank Verification Number: \_\_\_\_\_

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 in black ink within the box

Passport  
Photograph for 4<sup>th</sup>  
authorised person

**BANK ACCOUNT INFORMATION**

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account Opened Date: \_\_\_\_\_

BVN (Bank Verification Number): \_\_\_\_\_

**PLEASE STATE ACCOUNT HOLDER'S SOURCE OF FUNDS**

## POLITICALLY EXPOSED PERSONS (PEP)

The Anti Money Laundering and Combating Financing of Terrorism Act require that all our clients declare if they are politically exposed. Politically exposed persons (PEP) are those holding political office in Nigeria or elsewhere or their immediate family members. If applicable, please state below:

Full Name: \_\_\_\_\_

Political Position Held: \_\_\_\_\_

Relationship with PEP \_\_\_\_\_

Level: \_\_\_\_\_  
(Federal, State or Local govt)

Name of State or Local Govt: \_\_\_\_\_

Date Appointed or Elected   /   /      
Day Month Year

I/We confirm that all the information provided in this form is correct and accurate.

By signing this application form, I/we apply for an account with Securities Africa Financial 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.

**Note:** All information is treated as confidential but may be required by the regulatory authorities, e.g. SEC, NSE etc

### 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"/>	<input type="text"/>
One passport size photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CTC of CAC Form CO7 (particulars of Directors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CTC of CAC Form CO2 (Allotment of Shares)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of Board resolution authorizing opening and operation of the account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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

I recommend that a .....Account be opened as requested.

Relationship Officer's Name: .....Signature: ..... Date: .....

Head of Unit's Name: .....Signature: ..... Date: .....

Executive Management Remarks .....

.....

Head of Operations: ..... Date: .....

**SHAREHOLDERS/DIRECTORS DETAILS**

Name	Date of Birth	Address	Bank Verification Number

**PLEASE ATTACH COPY OF VALID ID & UTILITY BILL OF SHAREHOLDER/DIRECTOR**