



# KAPITAL CARE TRUST & SEC LTD

RC 625299

MEMBER OF THE NIGERIA STOCK EXCHANGE  
 2<sup>nd</sup> FLOOR, ALLIANZ INSURANCE TOWER  
 95, BROAD STREET  
 Lagos

[www.kapitalcaretrust.com](http://www.kapitalcaretrust.com)

lagos@kapitalcaretrust.com

TEL: 08028304270 ; 08184004246

## CORPORATE ACCOUNT OPENING FORM

Full Name of Company	
Company Short Name	Date of Incorporation/ Registration-dd/mm/yyyy
Place of Incorporation	RC Number
Business sector	Tax Number
Company Type	Limited Liability Company Partnership Others _____
Company Address	
Postal Address	
Telephone No(s)	Email
Facsimile	Website Address
Average Annual Turnover(NGN)	Purpose of Investment
Less Than 10m 10-50m Above 50m	Source of Investment Fund

## Principal Contact Person

Name
Email
Signature & Date

Authorized Signatory (1)		
Name		
Designation		
Class		A B C
Specimen Signature & Date		

Authorized Signatory (2)		
Name		
Designation		
Class		A B C
Specimen Signature & Date		

Authorized Signatory (3)		
Name		
Designation		
Class		A B C
Specimen Signature & Date		

Questionnaire

Please state if any of your Directors, Signatories or Major Shareholders have held Political Position.

1. Name \_\_\_\_\_ Date:From \_\_\_\_\_ To \_\_\_\_\_
2. Name \_\_\_\_\_ Date:From \_\_\_\_\_ To \_\_\_\_\_
3. Name \_\_\_\_\_ Date:From \_\_\_\_\_ To \_\_\_\_\_
4. Name \_\_\_\_\_ Date:From \_\_\_\_\_ To \_\_\_\_\_

Attestation

We attest that all information provided herein is accurate and would notify you to upgrade our records where any change occurs

\_\_\_\_\_  
Director's Signature and Date

\_\_\_\_\_  
Director's Signature and Date

Director 1 (BVN) \_\_\_\_\_ Director 2 (BVN) \_\_\_\_\_

Please Affix Company Seal or Stamp

For Official Purpose Only

Delivered By	<input type="checkbox"/>	Email	<input type="checkbox"/>	Company Representative	<input type="checkbox"/>	Others (specify)
Document Received By (official s Name)						
Location/Branch						
Initial Amount Deposited						

DOCUMENTATION CHECKLIST

- Completed Account Opening Form
- Passport Photograph Of all Directors
- Photocopy of identification documents for all directors and signatories (International passport /valid Drivers license /national identity card)
- Proof of address for all directors and signatories (copy of current utility bill)
- Copy of certificate of incorporation/evidence of business registration
- Board resolution/management approval. Should state (1) Approval to open a stock broking account with KCAR (2) List of authorized Signatories. Please Affix Company Seal
- Particulars of Directors Form CAC2 (Limited Liability Company only)
- Return on allotment of shares from CAC2 (Limited Liability Company only)
- Memorandum & Article of Association      \*Constitution      \*Partnership Deed

13. Other Documents

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Documentation Status		Complete		Incomplete
Risk Rating		Low		High
Account opening Authorized By				
Date				

CSCS Number	CHN	Box File Number
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All deposit for shares should be made in cheque in favour of KAPITAL CARE TRUST AND SECURITIES LIMITED  
Cash deposit should be made directly to the company bank Account.

On no account should cash be giving to any staff of the company.

**Important Information:**

Please note that we are obliged to comply with the provisions of the Anti-Money Laundering/Combating Finance of Terrorism Act 2011 as amended which include making disclosures regarding your account to relevant regulatory agencies.

I hereby declare, under this sworn statement, that all the information provided is accurate and true and that I will inform KAPITAL CARE TRUST & SECURITIES LTD of any changes.

I also declare, under this sworn statement, that the funds I shall operate with are of legal origin and that these funds are not the proceeds of illegal activities conducted by me or third parties.

\_\_\_\_\_  
Director's Signature and Date

\_\_\_\_\_  
Director's Signature and Date

RC 625299  
KCAR-Member of The Nigerian Stock Exchange

