

CORPORATE ACCOUNT OPENING FORM

Company Details

Company Name		Date of Incorporation/ Registration	
Place of Incorporation		RC Number	
Business Sector		Tax Identification Number (TIN)	
Company Type <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Enterprise <input type="checkbox"/> Others <input type="checkbox"/>
Company Address			
Postal Address			
Country of Residence		Corporate Email Address	
Telephone No(s)		Website Address	
Fax		Purpose of Investment	
Average Annual Turnover (NGN) <input type="checkbox"/>	Less than 50m <input type="checkbox"/>	50-300m <input type="checkbox"/>	Above 300m <input type="checkbox"/>
Source of Investment Fund			

Bank Account Details (Your Bank Account Name Details Should Correspond with CSCS Account Name)

Name of bank	Account Creation Date
Account Name	Account Number
BVN	

Principal

Surname	Middle Name	First Name
Phone Number	E-mail Address	
Signature		

Authorized Signatory (1)

Surname	Middle Name	First Name
Date of Birth (dd/mm/yyyy)	Place/Country of Birth	Nationality:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	State of origin:	LGA:
Marital Status: Married <input type="checkbox"/>	Single <input type="checkbox"/>	Others <input type="checkbox"/>
Contact Address		
Phone Number:	E-mail Address	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voters Card <input type="checkbox"/> Others		
ID Number	Issue Date	
Expiry Date	Place of Issue	
Designation	Tax Identification Number	
Class of Signatory <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Specimen Signature & Date		

Authorized Signatory (2)

Surname		Middle Name		First Name	
Date of Birth (dd/mm/yyyy)			Place/Country of Birth		Nationality:
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	State of origin:		LGA:
Marital Status: Married <input type="checkbox"/>		Single <input type="checkbox"/>		Others <input type="checkbox"/>	
Contact Address					
Phone Number:			E-mail Address		
ID Type	<input type="checkbox"/> International Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> National ID Card	<input type="checkbox"/> INEC Voters Card	<input type="checkbox"/> Others
ID Number		Issue Date			
Expiry Date		Place of Issue			
Designation		Tax Identification Number			
Class of Signatory <input type="checkbox"/> A		<input type="checkbox"/> B	<input type="checkbox"/> C		
Specimen Signature & Date					

Authorized Signatory (3)

Surname		Middle Name		First Name	
Date of Birth (dd/mm/yyyy)			Place/Country of Birth		Nationality:
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	State of origin:		LGA:
Marital Status: Married <input type="checkbox"/>		Single <input type="checkbox"/>		Others <input type="checkbox"/>	
Contact Address					
Phone Number:			E-mail Address		
ID Type	<input type="checkbox"/> International Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> National ID Card	<input type="checkbox"/> INEC Voters Card	<input type="checkbox"/> Others
ID Number		Issue Date			
Expiry Date		Place of Issue			
Designation		Tax Identification Number			
Class of Signatory <input type="checkbox"/> A		<input type="checkbox"/> B	<input type="checkbox"/> C		
Specimen Signature & Date					

Authorized Signatory (4)

Surname		Middle Name		First Name	
Date of Birth (dd/mm/yyyy)			Place/Country of Birth		Nationality:
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	State of origin:		LGA:
Marital Status: Married <input type="checkbox"/>		Single <input type="checkbox"/>		Others <input type="checkbox"/>	
Contact Address					
Phone Number:			E-mail Address		
ID Type	<input type="checkbox"/> International Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> National ID Card	<input type="checkbox"/> INEC Voters Card	<input type="checkbox"/> Others
ID Number		Issue Date			
Expiry Date		Place of Issue			
Designation		Tax Identification Number			
Class of Signatory <input type="checkbox"/> A		<input type="checkbox"/> B	<input type="checkbox"/> C		
Specimen Signature & Date					

Mandate

Mandate / Signing Instruction

POLITICALLY EXPOSED PERSONS

Please state if any of your Directors, Signatories or Major Shareholders have held any Political Position or if any of their close relatives/associates have occupied any Political Position. If yes, please state their names and their relationship with such persons:

1. Name: _____ Position Held _____ Date: From _____ To _____
Relationship _____
2. Name: _____ Position Held _____ Date: From _____ To _____
Relationship _____
3. Name: _____ Position Held _____ Date: From _____ To _____
Relationship _____
4. Name: _____ Position Held _____ Date: From _____ To _____
Relationship _____

Attestation

I/We _____ declare that the information provided herein is true and correct. I/We agree that any information Found to be False may cause LightHouse Capital Group to decline the application or close the account if it has been opened.

Name, Signature and Date

Name, Signature and Date

For Official Purpose Only

Documentation Checklist

- | | | | |
|--|--------------------------|-----------------------------------|--------------------------|
| 5. Proof of address (e.g utility bill) | <input type="checkbox"/> | 1. Completed account opening form | <input type="checkbox"/> |
| 6. Residence permit (for Non- Nigerians) | <input type="checkbox"/> | 2. Standard terms and conditions | <input type="checkbox"/> |
| 7. Birth certification (for minors) | <input type="checkbox"/> | 3. Passport photograph | <input type="checkbox"/> |
| 8. Safe watch list | <input type="checkbox"/> | 4. Means of identification | <input type="checkbox"/> |

Documentation Status	Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>	
Risk Rating	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Account Opening Authorized By			
Account Officer's Name \ Signature:		Date:	
CSCS Number	<input type="text"/>	Account Number	<input type="text"/>
Account Verified By Head – Compliance / Risk Management: _____			