



(Member of The Nigerian Stock Exchange)

ACCOUNT OPENING FORM (corporate)

8, Asaba Close Opp. Nikon Luxury Hotel Area 11, Garki-Abuja
+234 8035923214, +234 8023647512, +234 8965444274
dsubrokers@gmail.com www.dsbs.com.ng

Client Account Number

Name of Institution

.....

City/Town Country

Contact Person(s)

Date of Incorporation/Formation Company Registration Number

Contact Numbers:

Landline Mobile Fax

Email

(Tick where applicable) Local Institution Foreign Institution

Account Statement

Send statement by (tick where applicable) Email Post Hold

Bank Account Details (Your Bank Account Name Details should correspond with CSCS Account Name)

Bank Name..... Branch.....

Account Name..... Account Number.....

Bank Verification Number..... BVN.....

Declaration: I/We hereby

- i. Request to open and maintain an account for securities in my/our names
- ii. Affirm that all information in the form are correct
- iii. Undertake to notify DSU Brokerage Services Ltd of any change of particulars or information provided by me/us in this form

Name Signature Date

Name Signature Date

Affix Company Seal/Stamp

AUTHORIZED SIGNATORY	SIGNATURE SPECIMEN

AUTHORIZED SIGNATORY	SIGNATURE SPECIMEN

NAME OF SHAREHOLDER	SIGNATURE SPECIMEN

CHECKLIST FOR CORPORATE

ACCOUNTS OFFICAL USE ONLY

S/NO.	DOCUMENTS OBTAINED	YES	NO	WAIVER
1.	Completed Account Opening Form			
2.	Passport Photograph of all Signatories			
3.	Photocopy of International Passport or Drivers License			
4.	Proof of Address for all Signatories (Utility Bill)			
5.	Certificate of Incorporation			
6.	Board Resolution to open Account with DSU Brokerage Services Ltd.			
7.	CAC Form 2 and CAC Form 7			
8.	Memorandum and Articles of Association			

Customer introduced by:

(Name & Signature)

Relationship Officer:

(Name & Signature)

Waiver approver by:

(Name & Signature)

Approved by	Initial	Date
Compliance Officer		