

# ACCOUNT OPENING FORM (CORPORATE)



+234-8137058301 | [info@dsbs.com.ng](mailto:info@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 

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Bank Verification Number 

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**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

Name and Authorized Signature & Date

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# 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		