



REGENCY ASSETS MANAGEMENT LIMITED

(Member of The Nigerian Stock Exchange)

RC. 506026

Head Office: Regency House: 63, Norman Williams Street, Off Awolowo Road, S. W. Ikoyi, Lagos.
Tel: 01-4540250, 4540251
website: www.regencyng.net email: info@regencyng.net

Abuja Office: Suite 25, Hilltop Plaza, (1st floor, Left Wing) Plot 2189, House 13, Gwani Street, Near Pioneer Hotel, Zone 4, Wuse, Abuja Tel: 09-2906260

CORPORATE ACCOUNT OPENING FORM

New Client Amendment

Full Name of Company	
Company Short Name:	Date of Incorporation / Registration:
Type of Business:	RC Number:
Company Type: <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Others	
Company Address:	
Postal Address:	
Telephone No(s):	Email:
Fax:	Website Address:
Average Annual:	Purpose of Investment:
Turnover (NGN) <input type="checkbox"/> Less than 10m <input type="checkbox"/> 0-50m <input type="checkbox"/> Above -50	Source of Investment Fund:

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

Bank Name:	Account Type: <input type="checkbox"/> Current <input type="checkbox"/> Saving
Account Name:	Account Number: <input type="text"/> BVN: <input type="text"/>

Principal Contact Person:

Name:	
Email:	GSM: <input type="text"/>
Signature & Date:	

Authorized Signatory (1)

Name:	
Designation:	
Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card	
ID Number <input type="text"/> Issue Date: <input type="text"/> Expiry Date: <input type="text"/> Place of Issue: <input type="text"/>	

Insert Passport

Authorized Signatory (2)

Name:	
Designation:	
Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card	
ID Number <input type="text"/> Issue Date: <input type="text"/> Expiry Date: <input type="text"/> Place of Issue: <input type="text"/>	

Insert Passport

Authorized Signatory (3)

Name:	
Designation:	
Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card	
ID Number <input type="text"/> Issue Date: <input type="text"/> Expiry Date: <input type="text"/> Place of Issue: <input type="text"/>	

Insert Passport

INDEMNITY FORM

CLIENT (S) INDEMNITY TO REGENCY ASSETS MANAGEMENT LIMITED WITH RESPECT TO INSTRUCTIONS GIVEN VIA ELECTRONIC CHANNELS

We hereby require you to open an investment account in the name of Company mentioned above and authorized you to honour all instruction and dispositions relating to the account signed by the authorized signing officials in accordance to the resolution of the Board of Directors/Trustees, a certificate copy of what in attached to them form.

Having agreed to accept and to act on my/our instructions given via E-mail, and other Electronic Channels in respect of any transactions regarding my/our account with RAML, I/we hereby confirm that:

1. I/We understand that it is my/our responsibility to keep my/our Account details as private and confidential to prevent unauthorized access to my/our compromise is binding on me/us.
2. I/We understand that it is my/our responsibility to notify RAML where I/We detect that my/our Account details have been compromised. I/We also understand that any transaction executed on my/our account before RAML is notified of such compromise is binding on me/us.
3. RAML is authorized to act on instructions, which have been transmitted via any of the referenced electronic channels without bearing my/our signature (s) provided such instructions emanated from my/our registered details in RAML'S records.
4. RAML shall not be under any duty to verify the identity of the person(s) giving instructions in my/our name provided such instructions have emanated from my/our registered details in RAML'S records and any transaction made pursuant to the instructions shall be binding upon me/us.
5. Except my/our instruction sent via any of the referenced electronic channels is duly revoked or modified by a subsequent instruction issued by me/us and such subsequent instruction has been communicated to and received by RAML before the execution of the prior instruction and within the stipulated deadline for revocation and or amendment of instructions, I/We undertake to be bound irrevocably by such prior instruction.
6. I/We understand that where a mandate/instruction is sent via e-mail, I/We should receive a relied acknowledgment e-mail immediately. Where this is not received within 30 minutes. I/We understand that I/We should immediately contact RAML to confirm receipt of the mandate/instruction.
7. I/We understand that upon submission of my/our mandates/instructions placed via email, it is my/our responsibility to confirm that such mandates/instructions have been successfully submitted and are reflecting on my/our in-house account. Where the mandate/instructions are not reflecting. I/We understand that I/We should immediately contact RAML to confirm receipt of the mandate/instruction.
8. I/We hereby agree to keep RAML indemnified from and against all actions, proceedings, claims and demands which may be brought or made against RAML and all loses, costs, charges, damages and expenses which may be incurred or sustained or for which RAML may become liable by reason of honouring such E-mail, and other Electronic Channels instructions provided that RAML has taken all measures prescribed by this agreement irrespective of whether the instructions are in fact erroneous, fraudulent or issued otherwise than as aforesaid.

Confirmation:

I/We hereby confirm that I/We have read and agreed to be bound by the above terms and conditions and indemnity. Name of accountholder/Corporate account holder.

CSCS Number: _____ Phone Number (SMS): _____

Email Address for Transactions: _____

Signature of Account-holder: _____

Signature of Corporate Account-holder:

DIRECTOR

DIRECTOR/SECRETARY (affix seal)

Date this _____ day of _____ 20 _____

Mandate/Signing Instruction:

Questionnaire:

Please state if any of your Directors, Signatories or Major Shareholders have held any 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 update our records where any change occurs.

Director's Signature & Date

Director's Signature & Date

For Official Purpose Only:

Delivered by: <input type="checkbox"/> Email <input type="checkbox"/> Company Representative <input type="checkbox"/> Others (specify)
Document Received by (Officer's Name)
Location:
Initial Amount Deposited:

Documentation Check List:

<input type="checkbox"/> 1. Completed Account Opening Form	B. Board Resolution/Management Approval <input type="checkbox"/>
2. Passport Photograph of all Directors and Signatories	Starting <input type="checkbox"/>
3. Photocopy of identification Documents for all Directors & Signatories (International Passport/Valid Driver's License/National Id)	<input type="checkbox"/> a. Approval to open a stockbroking Acct. <input type="checkbox"/> b. The List of authorized signatories
4. Proof of Address for Directors & Signatories (Copy of Utility Bill)	<input type="checkbox"/> 9. Particulars of Shareholders with minimum of
5. Email Indemnity	<input type="checkbox"/> 5% Shareholdings <input type="checkbox"/>
6. Standard Terms & Conditions	<input type="checkbox"/> 10. Particulars of Directors From CAC 7 <input type="checkbox"/>
7. Copy of Certificate of Incorporation/Evidence of Business Registration	<input type="checkbox"/> 11. Return on Allotment of Share Form
	CAC2 <input type="checkbox"/>
12. Memorandum & Articles of Association <input type="checkbox"/> Constitution <input type="checkbox"/> Partnership Deed <input type="checkbox"/>	
13. Other Documents	
a.	
b.	
c.	

Company Seal/Stamp

Document Status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Risk Rating: <input type="checkbox"/> Low <input type="checkbox"/> High
Account Opening Authorized By:
Date:
CSCS Number: _____ CHN: _____ Cabinet File No: _____

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4. RAML shall not be under any duty to verify the identity of the person(s) giving instructions in my/our name provided such instructions have emanated from my/our registered details in RAML'S records and any transaction made pursuant to the instructions shall be binding upon me/us.
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Signature of Corporate Account-holder:

DIRECTOR

DIRECTOR/SECRETARY (affix seal)

Date this _____ day of _____ 20 _____