



Arthur Steven Asset Management Ltd.

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

1st Floor, Right Wing 26 McCarthy Street, Onikan, Lagos

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CORPORATE ACCOUNT OPENING FORM

Please affix your
passport photograph
of authorised signatory

1) CORPORATE INFORMATION

Name of Institution:

Location/Company Address:

State/Local Govt of Residence:

Date of Incorporation:

Type of Business:

Contact Person:

Contact Person:

Phone Number of Contact Person:

Email Address:

S/No	Name of Directors	Signature
1.		
2.		
3.		
4.		
5.		

S/No	Name of Company Signatories	Designation	Signature
1.			
2.			
3.			

MANDATE:

Initial Investment Amount:

2) SERVICES REQUIRED

1) Equity Trading/Dealing Service

2) Portfolio Management Service

BANK ACCOUNT INFORMATION

Name of Bank: _____

Address of Bank: _____

Date of Creation of Bank Acct: _____

Account Type: _____

Account Number: _____ Sort Code: _____

PLEASE STATE ACCOUNT HOLDER'S SOURCE OF FUNDS

TO: ARTHUR STEVEN ASSET MANAGEMENT LTD.

We hereby require you to open an investment account in the name of the company mentioned above and authorized you to honour all instructions and dispositions relating to the account signed by the authorized signing officials in accordance to the resolution of the board of Directors/Trustees, a certified copy of which is attached to this form.

Also find enclosed herewith;

Certificate of incorporation of the company or (as appropriate) certificate of change of name of company or certificate of registration for inspection and return,

Certified true copy of memorandum and article of association of the company, amended up to date,

Specimen signature of directors, secretary and/ or other signing officials,

Passport Photograph of the authorized signatories,

We agreed to the set of conditions received and by us shall apply as expressly set out therein, and we hereby declare that the information given is correct and is the basis for opening the investment account.

Signature

Signature

OFFICIAL USE ONLY

Authorised by;

Designation	Name	Signature	Date

DOCUMENTATION & FORM ATTACHED TO APPLICATION

CHECKLIST FOR INDIVIDUAL/JOINT

	YES	NO	WAIVED
1. COPY OF CERTIFICATE OF INCORPORATION (Original to be sighted by Relationship Officer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. MEMORANDUM AND ARTICLE OF ASSOCIATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CORPORATE/BOARD RESOLUTION (included in Package)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. SIGNATURE CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFIED TRUE COPY OF FORM C.O.7 (i.e Particulars of Directors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. TWO (2) PASSPORT PHOTOGRAPHS OF EACH OF THE AUTHORISED SIGNATORIES STATING THEIR NAMES AND SIGNATURE BEHIND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. COPY OF RECEIPTS FROM ANY PUBLIC UTILITY ISSUED WITHIN THE PREVIOUS THREE (3) MONTHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. REFERENCE FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. MEANS OF IDENTIFICATION OF AUTHORIZED SIGNATORIES (Photocopy of Drivers' License or relevant pages of International Passports of each of the authorized signatories)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. IDENTIFICATION OF DIRECTOR (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

Remarks:

Relationship Officer's Name: _____ Signature _____ Date _____

Approving Officer's Name: _____ Signature _____ Date _____

Security Officer's Name: _____ Signature _____ Date _____

Head of Operations: _____ Signature _____ Date _____