



# Dominion Trust Limited

RC 125320

**64, Norman Williams Street, Ikoyi, Lagos.**

P. O. Box 52045, Falomo Ikoyi.

Tel: 08108896937, 08033764005

[info@dominionng.com](mailto:info@dominionng.com)

[www.dominionng.com](http://www.dominionng.com)

## KNOW YOUR CLIENT

### CORPORATE INVESTMENT ACCOUNT APPLICATION FORM

\*Name:

\*Registered Office Address:

\*Postal Address:

\*Registration No:  \*Date of Incorporation:

\*Nature of Business:

\*Company Phone Number:

\*E-mail:  \*Fax:

\*Contact Person(s):  \*Phone No:

\*Bank Account Number:  \*Bank Sort Code:

\*Bank Verification Number (BVN):

\*Bank Address:

\*Tel. No(s):

\*Amount Being Invested:  \*Source of Fund

**(Please it is compulsory to fill the items in asterisks)**

**TO: DOMINION TRUST LIMITED**

We hereby request you to open a Corporate Investment Account in the name of the aforementioned company and authorize you to honour all instructions and dispositions relating to the account signed by the authorized signing officials in accordance with the resolution of the Board of Directors/Trustees, a certified copy of which is attached hereto. Please also find enclosed herewith:

1. **Photocopy of Certificate of Incorporation or Certificate of Registration of the Company as proof of identity.**
2. **Two (2) certified true copies of the Memorandum and Articles of Association of the Company amended up to date.**
3. **Specimen signatures of the Directors, Secretary and / or signing officials.**
4. **Passport Photographs and Identification documents (Driver's License, International Passport or National Identity Card) of the Directors or authorized signatories.**

We hereby declare that the information given herein is correct and is the basis for the opening of the Investment Account.

Furthermore, **DOMINION TRUST LIMITED** shall have the right to dispose off part or all of the company's shares to regularize any debit on its account.

Yours faithfully,

Authorized Signature(s):

**For & on behalf of the (Company) please affix the company seal.**

Name:

Designation:

Date:

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**FOR OFFICIAL USE ONLY**

Remark: -----

Relationship Officer's Name: -----Signature -----Date: -----

Approving Officer's Name: -----Signature: -----Date: -----

**NB:** PLEASE ENSURE THAT ALL FIELDS ARE FILLED CORRECTLY AND SUBMIT COMPLETED FORM AND OTHER DOCUMENTS TO OUR OFFICE.  
YOU CAN ALSO MAIL IT TO: [info@dominionng.com](mailto:info@dominionng.com)

# Central Securities Clearing System Limited

(THE CLEARING HOUSE)

## PARTICULARS OF SHAREHOLDERS

CURRENT DATE:

MEMBER CODE:

MEMBER NAME:

SHAREHOLDER'S TYPE:

CLEARING HOUSE NUMBER (CHN):

BIRTH OF DATE:

SHAREHOLDER'S NAME (SURNAME):

OTHER NAMES:

MOTHER'S MAIDEN NAME:

CONTACT (IF CORPORATE):

SHAREHOLDER'S ADDRESS:

CITY:  COUNTRY:  POSTAL CODE:

PHONE:  FAX:

REFERENCE NO.

COUNTRY OF ORIGIN (For statistical purpose):

**OPTION A**

**WAIVER**

I/We

A National of

am (are) a prospective shareholder(s) in Securities quoted on The Nigerian Stock Exchange and I/We hereby FREELY state that being aware of my/our right to be issued with a share certificate(s) under sections 146 and 147 of the Companies and Allied Matters Decree 1990 and the Memoranda and Articles of Association of the listed companies for my (our) sole benefit and private purposes do hereby waive the said right and also DECLARE that I (we) shall accept as sufficient certification of my (our) shareholding any memorandum to that effect delivered to me (us) by the said listed company/companies or the Central Securities Clearing System Limited acting on behalf of same as satisfaction of my said right under the sections and Memoranda and Articles of Association aforementioned.

Dated this  day of  20

**SIGNED**  **SEALED (Copy)**

**OPTION B**

I/We

Of

A National of

am(are) a prospective shareholder(s) in securities quoted on The Nigerian Stock Exchange and I(we) in exercise of my/our right to be issued with a share certificate under sections 146 and 147 of the Companies and Allied Matters Decree 1990 FREELY elect to request for a share certificate cognisant of the fact that by so electing my/our shares cannot be transferred until a certificate(s) is/are issued by the companies Registrars at the time of the yearly closure of register.

Dated this  day of  20

**SIGNED**  **SEALED (Copy)**



# INVESTOR'S BANK ACCOUNT UPDATE FORM FOR DIRECT SETTLEMENT

CSCS Plc, Stock Exchange House (Floors 1, 12, 13, 14 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: [info@cscsnigeriaiplc.com](mailto:info@cscsnigeriaiplc.com) Website: [www.cscsnigeriaiplc.com](http://www.cscsnigeriaiplc.com)  
Telephone Number: + 234 (1) 9033551 (FORM 001)

ACCOUNT TYPE: PERSONAL  CORPORATE   
(Please Tick appropriately)

### CLIENT'S DETAILS

NAME OF CLIENT (surname first) OR COMPANY'S NAME:

AFFIX  
PASSPORT  
PHOTOGRAPH

DATE OF BIRTH/CAC NO:.....

MOTHER'S MAIDEN NAME (where applicable).....

ADDRESS.....

CSCS ACCOUNT NUMBER

CLEARING HOUSE NUMBER

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TEL. NUMBER: (1)..... (2).....

E-MAIL ADDRESS : (1)..... (2).....

SIGNATURE: (1)..... (2).....

(For Corporate accounts, two authorized signatories must sign with their passports photographs affixed and company's Seal appended on this form).



### CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH:.....

ACCOUNT NUMBER:

BANK VERIFICATION NUMBER (BVN)

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TYPE OF ACCOUNT

(Please tick the type of account)

Current

Savings

STOCKBROKING FIRM DETAILS.

MEMBER CODE:

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STOCKBROKING FIRM:.....

AUTHORISED SIGNATORIES & COMPANY'S STAMP (1).....

(2).....



**Dominion Trust  
Limited** RC 125,320 (Member of  
the Nigerian Stock Exchange)

**INDEMNITY FORM – FOR ABSENTEE CLIENTS**

The completion of this form opens up an agreement that grants Dominion Trust Limited (DTL) the authority to use verbal, text message or email mandates from you to purchase or sell stocks on your behalf. This is necessary to meet the regulator’s requirement for all mandates to be signed by the client, which in your case may not be possible all the time.

I/We.....of

..... hereby agreed and consent to the use of verbal, text message, email or writing mandate from me/us to purchase or sell stocks on my/our behalf.

I/We hereby indemnify DTL for the fluctuations in market prices with the understanding that all transactions will be executed at the best possible market prices unless otherwise stipulated.

That this mandate is valid until same is cancelled, withdrawn or amended and such cancellation, withdrawal or amendment is communicated in writing and shall not be deemed valid unless and until it is received and acknowledged by the other party.

\_\_\_\_\_  
**CLIENT’S NAME**

\_\_\_\_\_  
**CLIENT’S SIGNATURE AND DATE (Individual)**

\_\_\_\_\_  
**COMPANY NAME**

\_\_\_\_\_  
**DIRECTOR’S NAME & DATE (Corporate)**

\_\_\_\_\_  
**SECRETARY**

\_\_\_\_\_  
**DIRECTOR’S SIGNATURE & DATE**

\_\_\_\_\_  
**SECRETARY’S SIGNATURE & DATE**