

DEAP CAPITAL MANAGEMENT & TRUST PLC

INVESTOR INFORMATION FORM

CORPORATE CLIENT DETAILS

Business Name	_____
Certificate of Incorporation No.	_____ Date of Incorporation _____
Nature of Business	_____
Business Address	_____ _____
Postal Address:	_____
Telephone Numbers	_____
E-mail Address	_____ Fax Number _____
Contact person	_____ Designation _____

BANK DETAILS

Name/Address of your Banker(s)	Type of Account	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

INVESTMENT INFORMATION (tick as appropriate)

Initial Investment ₦ _____ (_____) (Amount In Words)
Mode of Payment: Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/> Others <input type="checkbox"/> (Please specify) _____
Relationship: Funds Management <input type="checkbox"/> Portfolio Management <input type="checkbox"/> Others <input type="checkbox"/> (Please specify) _____
Products: Silver <input type="checkbox"/> Standard <input type="checkbox"/> Gold <input type="checkbox"/> Classic <input type="checkbox"/> Platinum <input type="checkbox"/> Community Fund <input type="checkbox"/> Others <input type="checkbox"/> (Please specify) _____
Tenor: 365 days <input type="checkbox"/> 180 days <input type="checkbox"/> Others <input type="checkbox"/> (Please specify) _____
Interest Option: Reinvest <input type="checkbox"/> Pay out on Maturity <input type="checkbox"/> Payout every month <input type="checkbox"/> Payout quarterly <input type="checkbox"/>

AUTHORIZED SIGNATORIES TO THE ACCOUNT

Name	Designation	Specimen Signature	Signatory Type
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MANDATE: _____

DECLARATION (To be signed by a member of the Board of Directors and the Company Secretary):

We confirm that the above information is correct to the best of our knowledge and are liable to any misinformation therein. We are willing to provide additional information if required.

Signed: Company's Stamp/Date:

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Official Use only

DOCUMENTATIONS REQUIRED

S/NO	DOCUMENTS FORWARDED	YES	DATE RECEIVED	REMARKS
1	Completed Account Opening Form duly signed			
2	Photocopy of Certificate of Incorporation*			
3	Board Resolution Authorizing the Opening of the Account			
4	Two recent Passport-size Photographs of the Signatories			
5	Photocopy of Utility Bill* e.g. electricity, water, telephone etc.			
6	Means of Identification* (Any of the following):			
	(a) Driving License			
	(b) International Passport			
	(c) National Identity Card			
	(d) Others (Please specify)			
7	Forms C02 and C07			
8	Resident Permit (for Non-Nigerians only)*			

Date Account Opened: _____ Agreed Rate: _____

Introduced By: _____ Signature/Date _____

Relationship Officer: _____ Signature/Date _____

Approved By: _____ Signature/Date _____

* **Note:** Original copies are to be sighted and returned to the customer.