



ACCOUNT OPENING FORM

Account Type: 1. Individual: _____ 2. Joint: _____ 3. Corporate: _____ 4. Estate: _____

Name: _____

Address: _____

Local Govt.: _____ State: _____ Country: _____

Citizenship: _____ Phone Number: _____

Guardian/Next Of Kin: _____ Phone number: _____

Maiden Name: _____

Date Of Birth/ Date of Incorporation (DD/MM/YY) _____ Gender _____

Occupation: _____ RC No.: _____

Nature of Business: _____ Phone Number: _____

Name of Executive Directors: _____ Phone Number: _____

Name of Executive Directors: _____ Phone Number: _____

Name of Executive Directors: _____ Phone Number: _____

E-mail: _____ Alt Email Address: _____

Bank Name: _____ BVN: _____

Bank Account Name: _____

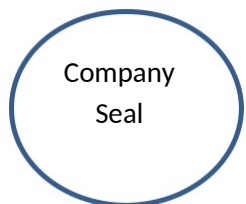
Bank Account Number _____

Bank Sort Code: _____ Date Of Creation (Of Bank Acct): _____

Passport Photograph	Passport Photogr ah	Passport Photograp h	Passport Photogra ph
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Authorized Signatory/ Date:

Authorized Signatory/ Date:



Authorized Signatory/ Date:

Authorized Signatory/ Date:



TO INDEMNITY FOR HONOURING ELECTRONIC INSTRUCTIONS

I/We are fully aware that sell orders, purchase orders, payment instructions and other instructions on this account shall be written instruction signed according to my/our mandate. I/we hereby acknowledge that the use of facsimile (fax), telephone, e-mail, online portal, SMS messages e.t.c. or other unsecured means of communication to convey instructions is associated with additional risks and fraud exposure.

In consideration of COWRY agreeing to accept and act upon any such instructions, communications and documents by facsimile (fax), telephone, e-mail, SMS messages, online portal e.t.c unaccompanied by my/our signed written instruction. I/we hereby irrevocably undertake to indemnify Cowry and hold it harmless from and against all costs (including without limitation, legal fees and expenses, claims, losses, liabilities, damages and proceedings) whatsoever that the company may suffer or incurred that may arise as a result of Cowry accepting upon such instructions, communication or documents. Furthermore, I/we hereby irrevocably release the company from all liability in the event that any telephone, e-mail, SMS messages, online portal, facsimile transmission or letter is not received, or is mutilated, altered, illegible or interrupted, duplicated, incomplete, unauthorized, or delayed for any reason.

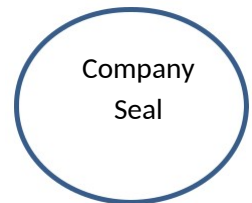
The company shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, e-mail or SMS messages, telephone, e.t.c unaccomplished by my/our signed written instruction.

Dated this _____ day of _____ 20_____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



REQUIREMENTS:

PERSONAL IDENTIFICATION:	1 . DRIVER'S LICENSE/NATIONAL ID/INTERNATIONAL PASSPORT / VOTER'S CARD (provide any one of the three). 2. COPY OF UTILITY BILL.
ESTATE ACCOUNT	In addition to the personal identification of the Admors, please provide the following: 1. LETTER OF ADMINISTRATION. 2. DEATH CERTIFICATE. 3. NEWS PAPER PUBLICATION. 4. BANKER'S CONFIRMATION. 5. LETTER OF INTRODUCTION
FOR CORPORATE BODIES	In addition to the personal identification of the Directors, please provide the following: 1. CERTIFICATE OF INCORPORATION. 2. MEMORANDUM & ARTICLES OF ASSOCIATION. 3. FORM C007 LISTING DIRECTORS. 4. FORM C002 LISTING SHARE HOLDERS. 5. BOARD RESOLUTION. 6. SIGNATURE MANDATE. 7. APPOINTMENT LETTER

FOR OFFICIAL USE ONLY

ACCOUNT OFFICER	DOCUMENTATION: 1. COMPLETE	2. NOT COMPLETE
CHECKED BY: NAME		
AUTHENTICATED BY:NAME		