



CORPORATE CLIENT ACCOUNT APPLICATION FORM

Date

Name of Company:

Date of Registration:R/C No:

Contact Person:

Address of Contact Person:

Means of Identification of Contact Person (Nigeria International Passport, Driver's License or National ID):State:

Issue Date:Expiring Date:LGA:

Mailing Address if Different from the above

Tel. Home:Office:Fax:

Mobile No:e-mail:

Nature of Business:Source of Income:

Purpose /Reason for opening the account:

Initial Investment: (Cheques):

Next of Kin Contact Address: (if different from applicant's):

CURRENT ACCOUNT BANK DETAILS (Your Bank Account Name Details should correspond with CSCS Account Name)

Bank Name:Branch:

Account Name:Account Number:

Bank Account Opening Date:Signatories:

Authorised Signatories/Company Seal:

Date

BVN:

NB: Please provide the following details for your Corporate Account Opening
Certificate of Incorporation, Memorandum of Association, C.A.C. Form detailing Directors certified by C.A.C., Form on share allotments of the business, proof of Address of authorised signatories/Passport Photographs, Board Resolution for the Account opening, **Signature Mandate** and **BVN** of authorised signatories.



For Office Use Only

Account Officer's Name:

Account Officer's Signature& Date:

Client Account Number:

CSCS (CHN) Number:

Introduced By:

Checklist

S/N	Details for Individual Account	Yes	No	Waived
1	Duly completed Account Opening Form with recent clear Passport photograph(s) with Names & Signature(s) on the reverse side			
2	Means of Identification (Copy of International passport, Driver's License & National ID Card)			
3	Proof of Address-Utility Bill(PHCN/Water/Telephone Bill)			
4	Minimum Initial Deposit			
5	Certificate of Incorporation			
6	C.A.C Forms			
7	Memorandum of Association			
8	Board Resolution for Account opening			
9	Visitation Report			

Account Approved By:

Compliance Manager:

Signature:



FOR OFFICE USE

VISITATION REPORT

Client’s Name:.....

Client’s Address:.....

Account Officer:.....

DESCRIPTION OF RESIDENT

Signature:

Date:



INTERNAL POLICY ON COMPLAINTS MANAGEMENT:

Springboard Trust and Investment Limited, aims to provide an efficient, clear, non-threatening, fair and accessible mechanism for dealing with problems which arise in Customer Service/Client Relationship Management.

1. ***Complaint is made:*** A compliant shall be made in writing and addressed to the MD/CEO or through the company's website complaint/enquiries portal. The client's complaint shall be acknowledged and responded to within 5 working days of receiving such complaint.
2. ***Preliminary action:*** The MD/CEO (or nominee) shall sensitively and carefully review such complaints to understand the grievances for conciliatory resolutions.
3. ***Outcome:*** An acceptable outcome shall be communicated to the appropriate regulatory bodies/agencies by the Chief Compliance Officer (CCO) to ensure that the outcome is implemented and followed.
4. ***Dissatisfied Client:*** Where the internal or in-house conciliation resolution fails, the client may seek redress **FIRST** from the secretariat of the Trade group ASHON-NSE-SEC & IST respectively.
5. ***Key Element:*** All Clients have the right to make and have any complaint resolved.

NOTE: All clients Complaint / Enquires be directed to: enquiries@springboardtrustng.com

LETTER OF INDEMNITY

I/We am/are aware that sales/purchase order in respect of any account held by us with the company should be by my/our sales/purchase order form duly executed according to mandate. I/We hereby acknowledge that the use of facsimile, oral or text instructions, electronic mail, Internet orders, untested telexes, letters (on letter head or otherwise) or other means of communication to convey instructions for the sales/purchase of stocks or any other such instruction not backed by my/our duly executed sales/purchase order that will lead to the debit or credit, as the case maybe, of my/our account is associated with additional risks and fraud exposure.

In consideration of the Firm, its employees or agents agreeing to accept and act upon any oral or text instructions, e-mail, internet order, communications and documents received by facsimile or untested telexes or letters issued according to my/our mandate and accompanied by my/our cheque, we hereby irrevocably undertake to indemnify the Firm and hold it harmless from and against all costs (including without limitation legal fees and expenses), claims, losses, liabilities, damages, actions and proceedings whatsoever that the Firm may suffer or incur or that may arise as a result of the firm's accepting or acting upon such instructions, communication or documents. I/We irrevocably authorize the Firm to debit our account immediately with all sums paid by the Firm in respect of such instructions, and with all sums of money whatsoever, interest on money, costs, charges and expenses, which the Firm may incur as a result of complying with the instruction aforesaid. Furthermore, I/we hereby irrevocably release the company from all liability in the event that any oral or text instructions, electronic mail, internet orders, untested telex or facsimile transmission or letter or other such communication is not received, or is mutilated or altered, illegible or interrupted, duplicated, incomplete, unauthorized, or delayed for any reason.

The Firm shall have absolute discretion, for any reason whatsoever, to act or not to act upon oral or text instructions, electronic mail, internet order documentation received by facsimile, letter or other form of communication, untested telex, post, courier, electronic mail or other means unaccompanied by my/our duly executed mandate and/or to request verification of documents received by such means. The Firm shall not be liable for any loss, damage, delay or inconvenience that may result from such request for verification.

Dated this _____ day of _____

Authorised Signatory

Authorised signatory

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@cscsnigeriaplc.com Website: www.cscsnigeriaplc.com

Telephone Number: + 234 (1) 9033551

(FORM 001)

ACCOUNT TYPE: PERSONAL ☐
(Please Tick appropriately)

CORPORATE ☐

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

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CLEARING HOUSE NUMBER

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

E-MAILADDRESS:(1).....(2).....

DO YOU OPT FOR DIRECT SETTLEMENT INTO YOUR BANK ACCOUNT?

YES

☐

NO

☐

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

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

SEAL

CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH.....

ACCOUNT NUMBER:

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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).....