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CORPORATE ACCOUNT OPENING FORM

Name of Company: _____

Company Short Name: _____ Date of Incorporation/Registration: _____

Place of Incorporation/Registration: _____ RC Number: _____

Business Sector: _____ Tax Identification Number: _____

Company Type: Limited Liability Coy Partnership Enterprise Others (Specify) _____

Company Address: _____

Mailing Address: _____

Alternate Email Address: _____

Country of Residence: _____ Website: _____

Tel: _____ Corporate Email: _____

BANK ACCOUNT DETAILS (Your Bank Account Name Details should Correspond with CSCS Account Name).

Name of Bank : _____ Branch: _____

Account Name: _____ Account Number: _____

Date Account was opened(dd/mm/yyyy): _____ BVN: _____

PRINCIPAL CONTACT PERSON

Name: _____

Phone Number: _____ Email: _____

Designation _____ Signature & date: _____

AUTHORISED SIGNATORIES

S/N	Name	Designation	Class (Please tick one per person)			Signature Specimen
1.			A	B	C	
2.			A	B	C	
3.			A	B	C	
4.			A	B	C	
5.			A	B	C	

DECLARATION

I/We hereby certify that all the information provided by me/us is true and correct.

Name _____

Signature _____ Date _____