



LUKEFIELD

FINANCE COMPANY LIMITED

RC-1479092

ACCOUNT OPENING FORM

CORPORATE CUSTOMERS

Account Opening Form - Entities

Category of Business
(Tick as Appropriate)

Limited Liability Company Others: (Please Specify) _____

Company Name:

Company Registration Number:

Date of Registration: Day Month Year

Registered Address:

Type / Nature of Business:

Mailing Address:

Telephone No: (1) Telephone No: (2)

Land Line: Fax:

E-mail:

Website (if any)

CONTACT PERSON:

Name:

Telephone No: (1)

E-mail:

Designation:

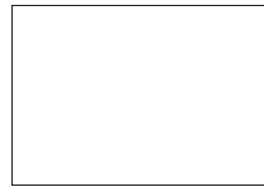
MANDATE SIGNATORIES

At a meeting of the Board of Directors of our Company it was resolved that an account be opened with Lukefield Finance Limited ("the company"). Enclosed herewith is a Certified True Copy of the extract of the meeting.

The Company is hereby authorised to honour the instructions of the person(s) whose signatures appear below.

NAME	DESIGNATION	SPECIMEN SIGNATURE	CATEGORY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE COMBINATION (Signing Powers)	<input type="text"/>		

Details of Account Signatory 1:



Title:

Surname:

First Names:

Other Names:

Date of Birth:
Day Month Year

State of Origin: **L.G.A of Origin:**

Nigerian Resident: Yes No **Marital Status** Single Married Others

Residential Address:

Residence Permit: (For Non Nigerians)

Permit Issue Date: **Permit Expiry Date:**
Day Month Year Day Month Year

Mailing Address:

Telephone No: (1) **Telephone No: (2)**

E-mail:

I hereby attest that the above information is true and Complete.

Signature

Date

Details of Account Signatory 1:



Title:

Surname:

First Names:

Other Names:

Date of Birth:
Day Month Year

State of Origin: **L.G.A of Origin:**

Nigerian Resident: Yes No **Marital Status** Single Married Others

Residential Address:

Residence Permit: (For Non Nigerians)

Permit Issue Date: **Permit Expiry Date:**
Day Month Year Day Month Year

Mailing Address:

Telephone No: (1) **Telephone No: (2)**

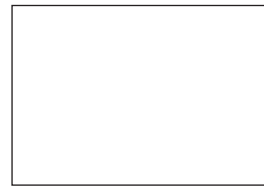
E-mail:

I hereby attest that the above information is true and Complete.

Signature

Date

Details of Account Signatory 1:



Title:	<input type="text"/>
Surname:	<input type="text"/>
First Names:	<input type="text"/>
Other Names:	<input type="text"/>
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
State of Origin:	<input type="text"/>
L.G.A of Origin:	<input type="text"/>
Nigerian Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/> Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>
Residential Address:	<input type="text"/>
	<input type="text"/>
Residence Permit: (For Non Nigerians)	<input type="text"/>
Permit Issue Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
Permit Expiry Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
Mailing Address:	<input type="text"/>
	<input type="text"/>
Telephone No: (1)	<input type="text"/>
Telephone No: (2)	<input type="text"/>
E-mail:	<input type="text"/>

I hereby attest that the above information is true and Complete.

Signature

Date

Bank Details

Bank Institution:	<input type="text"/>
Account Name:	<input type="text"/>
NUBAN Account Number:	<input type="text"/>
Bank Verification Number:	<input type="text"/>
Sort Code:	<input type="text"/>

Credit Bureau

I/We acknowledge that the Company consults with various credit bureaus and reference agencies, and may be required to disclose the firm's information to these credit bureaus for the purpose of conducting checks on the firm, I/We hereby irrevocably and unconditionally grant our consent to the Company and expressly authorizes such disclosure of any or all information on my/our account(s) transaction(s) with the Company, to such credit bureau and reference agencies whether based locally or abroad, including information on our personnel. transactions and conduct on my/our account together with details of any non-payment or delayed payments as the Company may deem necessary. The consent herein given discharges the Company from all liabilities, claims, and damages for such disclosure made by the Company to any credit bureau pursuant to the consent herein granted.

Account Opening Mandate

a. Mandate authorization/Combination Rule (Please tick as appropriate)

Sole Signatory Two or more If two or more to sign, please specify

b. Signatories

i. Title:
(Please Specify)



Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided)

Signature: _____

Date
Day Month Year

ii. Title:
(Please Specify)



Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided)

Signature: _____

Date
Day Month Year

iii. Title:
(Please Specify)



Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided)

Signature: _____

Date
Day Month Year

FOR OFFICIAL USE ONLY

S/N	DOCUMENT CHECKLIST	RECEIVED	
		Yes	No
1.	Completed Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	Passport Photographs of Signatories	<input type="checkbox"/>	<input type="checkbox"/>
3.	Identification of Signatories (Drivers Licence, National ID cards, International passport)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Photocopy of Recent Bank Statement or Utility Bill	<input type="checkbox"/>	<input type="checkbox"/>
5.	Form CAC2	<input type="checkbox"/>	<input type="checkbox"/>
6.	Form CAC7	<input type="checkbox"/>	<input type="checkbox"/>
7.	Memorandum and Articles of Association	<input type="checkbox"/>	<input type="checkbox"/>
8.	Verification of Signatures	<input type="checkbox"/>	<input type="checkbox"/>
9.	Board Resolution	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

APPROVED BY	NAME	SIGNATURE	DATE										
Account Officer													
Compliance Officer													
Operations Officer													
Account Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>												

ACCOUNT OPENING REQUIREMENT

1. Passport photographs of signatories with full names on reverse side
2. Photo identification of all signatories* (Driver Licence, National ID card, International passport)
3. Copy of document showing proof of home address of each signatory e.g Utility Bil, Bank Statement (must be issued within the last 90 days)
4. Copy of Certificate of Incorporation*
5. Memorandum and Articles of Association* (certified true copy)
6. Photocopies of forms C07 and C02*
7. Board resolution on company’s letter head

*Original to be presented for sighting