



**Capital Plus Ltd**  
AN ASSET MANAGEMENT COMPANY

#31, Keffi Street, Off  
Awolowo Road, Ikoyi,  
Lagos State, Nigeria.  
T: 07000CAPITALPLUS  
E: contactus@capitalplusmgt.com  
W: www.capitalplusmgt.com

**CORPORATE APPLICATION FORM**

**CONFIDENTIAL**

**CORPORATE INFORMATION**

COMPANY/BUSINESS NAME \*

REGISTRATION NUMBER\*  BUSINESS SECTOR\*

DATE OF INCORPORATION\*  PLACE OF INCORPORATION\*

TAX IDENTIFICATION NUMBER\*  SCUML REG NO\*

WEBSITE\*

EMAIL ADDRESS\*

BUSINESS ADDRESS\*

CONTACT PERSON\*  CONTACT DESIGNATION\*

CONTACT EMAIL ADDRESS \*  CONTACT NUMBER\*

ANNUAL TURNOVER\*

**BANK DETAILS**

BANK NAME\*  ACCOUNT NUMBER\*

BANK ACCOUNT NAME\*

**INTEREST REINVESTMENT**

REINVEST INTEREST\*  PAY OUT INTEREST\*  SPECIFY FROM TIME TO TIME\*

**DIRECT DEBIT MANDATE**

WOULD YOU LIKE TO SET UP A DIRECT DEBIT? YES  NO  IF YES PLEASE FILL THE DIRECT DEBIT FORM TO ACTIVATE YOUR REQUEST

**INVESTMENT TENOR**

TENOR: 30 DAYS  60 DAYS  90 DAYS  180 DAYS  365 DAYS  OTHERS

**DIRECTORS**

1.TITLE \*  SURNAME\*

FIRST NAME\*  OTHER NAME\*

DATE OF BIRTH\*  NATIONALITY\*

DESIGNATION\*

ID TYPE\* NATIONAL ID CARD  DRIVERS LICENCE  INTERNATIONAL PASSPORT  VOTERS CARD  OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER \*

ID ISSUE DATE\*  ID EXPIRY DATE\*

ADDRESS\*

CONTACT NUMBER\*  EMAIL ADDRESS\*

BVN\*  SIGNATURE\*  DATE\*



<b>2.TITLE *</b>			
<input type="text"/>	<input type="text"/>	SURNAME*	<input type="text"/>
FIRST NAME*	<input type="text"/>	OTHER NAME*	<input type="text"/>
DATE OF BIRTH*	<input type="text"/>	NATIONALITY*	<input type="text"/>
DESIGNATION*	<input type="text"/>		
ID TYPE*	NATIONAL ID CARD <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> VOTERS CARD <input type="checkbox"/> OTHERS <input type="checkbox"/> IF OTHERS PLEASE SPECIFY <input type="text"/>		
ID NUMBER *	<input type="text"/>		
ID ISSUE DATE*	<input type="text"/>	ID EXPIRY DATE*	<input type="text"/>
ADDRESS*	<input type="text"/>		
CONTACT NUMBER*	<input type="text"/>	EMAIL ADDRESS*	<input type="text"/>
BVN*	<input type="text"/>	SIGNATURE*	<input type="text"/>
		DATE*	<input type="text"/>

<b>3.TITLE *</b>			
<input type="text"/>	<input type="text"/>	SURNAME*	<input type="text"/>
FIRST NAME*	<input type="text"/>	OTHER NAME*	<input type="text"/>
DATE OF BIRTH*	<input type="text"/>	NATIONALITY*	<input type="text"/>
DESIGNATION*	<input type="text"/>		
ID TYPE*	NATIONAL ID CARD <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> VOTERS CARD <input type="checkbox"/> OTHERS <input type="checkbox"/> IF OTHERS PLEASE SPECIFY <input type="text"/>		
ID NUMBER *	<input type="text"/>		
ID ISSUE DATE*	<input type="text"/>	ID EXPIRY DATE*	<input type="text"/>
ADDRESS*	<input type="text"/>		
CONTACT NUMBER*	<input type="text"/>	EMAIL ADDRESS*	<input type="text"/>
BVN*	<input type="text"/>	SIGNATURE*	<input type="text"/>
		DATE*	<input type="text"/>

**ACCOUNT SIGNATORY'S DETAILS**

<b>1.TITLE *</b>			
<input type="text"/>	<input type="text"/>	SURNAME*	<input type="text"/>
FIRST NAME*	<input type="text"/>	OTHER NAME*	<input type="text"/>
DATE OF BIRTH*	<input type="text"/>	NATIONALITY*	<input type="text"/>
DESIGNATION*	<input type="text"/>		
ID TYPE*	NATIONAL ID CARD <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> VOTERS CARD <input type="checkbox"/> OTHERS <input type="checkbox"/> IF OTHERS PLEASE SPECIFY <input type="text"/>		
ID NUMBER *	<input type="text"/>		
			<input type="text"/>

**PHOTO**



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ID ISSUE DATE*	<input type="text"/>	ID EXPIRY DATE*	<input type="text"/>
ADDRESS*	<input type="text"/>		
CONTACT NUMBER*	<input type="text"/>	EMAIL ADDRESS*	<input type="text"/>
BVN*	<input type="text"/>	SIGNATURE*	<input type="text"/>
		DATE*	<input type="text"/>

<b>2. TITLE *</b>			
TITLE *	<input type="text"/>	SURNAME*	<input type="text"/>
FIRST NAME*	<input type="text"/>	OTHER NAME*	<input type="text"/>
DATE OF BIRTH*	<input type="text"/>	NATIONALITY*	<input type="text"/>
DESIGNATION*	<input type="text"/>		
ID TYPE*	NATIONAL ID CARD <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> VOTERS CARD <input type="checkbox"/> OTHERS <input type="checkbox"/>		
	IF OTHERS PLEASE SPECIFY <input type="text"/>		
ID NUMBER *	<input type="text"/>		
ID ISSUE DATE*	<input type="text"/>	ID EXPIRY DATE*	<input type="text"/>
ADDRESS*	<input type="text"/>		
CONTACT NUMBER*	<input type="text"/>	EMAIL ADDRESS*	<input type="text"/>
BVN*	<input type="text"/>	SIGNATURE*	<input type="text"/>
		DATE*	<input type="text"/>

PHOTO

**TERMS AND CONDITIONS**

These terms and conditions shall apply to all Capital Plus Management Limited Investment Accounts and form an integral part of the Agreement with I/We.

**1.0 Account Opening**

I/We have irrevocably requested and Capital Plus Management Limited has agreed to open an investment Account (the account) on behalf of I/We.

**2.0 Authenticity of instrument**

I/We to assume full responsibility for genuineness, correctness and validity on all cheques or other document deposited for investment.

**3.0 Law**

I/We to assume full responsibility for genuineness, correctness and validity on all cheques or other document deposited for investment.

by facsimile, untested telexes, photocopied letters, electronic mail issued according to the account mandate unaccompanied by an original copy of I/We duly signed letter, irrevocably undertaking to indemnify Capital Plus Management Limited and hold it harmless from and against all cost (including but without limitation to legal fees and expenses, claims, losses, liabilities and damages.

**6.0 Fees and Charges**

I/We agree that Capital Plus Management Limited shall set -off against the account any pre-advised charge(s), tariff(s), deductions and costs associated with the operation of the account by I/we.

**4.0 Instructions**

I/We authorized Capital Plus Management Limited to honour all written instructions issued on the Account Mandate. Capital Plus Management may refuse to act on any instruction if the instruction authenticity is in

**5.0 Acceptable Fund Transfer Instruction**

I/We agree that all instructions on the account shall be duly signed according to the account mandate. I/We hereby acknowledge that the use of facsimile, untested telexes, photocopied letters, electronic mail (on the letterhead or otherwise) or other unsecured means of communication to convey instructions for fund transfers of any other such instructions not backed by a duly signed original letter from I/We, Whatever the case may be, is associated with additional risks of fraud. I/We shall execute an indemnity form in consideration of Capital Plus Management Limited agreeing to act upon any such instructions, communication and document

**8.0 Right to set off**

I/We agree that in addition to any general lien or similar right to which Capital Plus Management Limited may be entitled by law, Capital Plus Management Limited may at any time and without prior notice to I/We combine or consolidate all or any of I/We accounts without liabilities to Capital Plus Management Limited or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.



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## 7.0 Know Your Customer (KYC)

7.1 I/We acknowledge and accept that the following KYC documentation has been provided, (or will be provided prior to opening the Account) to its relationship Manager or Capital Plus Management Limited representative:

- a. Duly completed and signed account opening form with all relevant fields completed.
- b. Board or Partnership Board resolution letter.
- c. Two (2) clear passport-size photographs of each signatory with names written on the reverse side.
- d. The Sighted, Notarized or Certified copy of Certificate of Registration.
- e. The Sighted, Notarized or Certified copy of the Memorandum and Article of Association.
- f. The Sighted, Notarized or Certified copy of the Particulars of the Directors or its equivalent.
- g. The Sighted, Notarized or Certified copy of the particulars of the Shareholders or it equivalent.
- h. The Sighted, Notarized or Certified copy of proof of registered address of the company.
- i. The Sighted, Notarized or Certified copy of the means of identity and proof of address of all signatories to the account
- j. The Sighted, Notarized or Certified copy of Certificate issued by the Special Control Unit against Money Laundering (SCUML).
- k. Tax Identification Number (TIN)
- l. The Sighted, Notarized or Certified copy of the regulatory or supervisory license to operate, if any.

7.2 I/We understand and agree that if ALL of the relevant KYC documents indicated in 7.1 above together with the duly completed and signed application form are not provided to Capital Plus Management Limited within fifteen (15) days of receipts of payments by Capital Plus Management Limited in any of its stipulated account, Capital Plus Management Limited shall:

- a. In the case of payments made electronically into Capital Plus Management Limited, investment actions will not be taken on such account.
- b. In the case of payment which were made by cheque or cash deposits over the counter in the name of the issuer of the cheque, or the name of the depositor as the case may be, which cheques/cash shall be retained in Capital Plus Management Limited possession until picked by I/We.

For the avoidance of doubt, no returns or interest shall be earned on the funds in respect of (a) and (b) above.

7.3 I/We understand and agree that no Account shall be opened where incomplete KYC/documentation has been provided by I/We. For the avoidance of doubt, the Account shall only be opened, upon receipt of COMPLETE KYC documentation.

## 9.0 Indemnity for Third Party Instruments

I/We agree that in consideration of Capital Plus Management Limited issuing or accepting third-part Bank cheques, Bank draft and/or other negotiable instruments from time to time, I/We hereby irrevocably undertake to fully indemnify Capital Plus Management Limited against all losses, expenses, costs, damages or otherwise, that may occur as a result of the issuance or acceptance of the said third-party cheque, draft and/or negotiable instrument.

## 10.0. Disruption of Service(s)

I/We agree that Capital Plus Management Limited have no liability for failure to provide any agreed service(s) due to reason beyond its reasonable control. These reasons include but not limited to industrial action, failure of electricity supply, riots, civil commotion, political unrest or armed insurrection.

## 11.0. Regulatory Disclosure

I/We agree that Capital Plus Management Limited to disclose any or all of information in compliance with any regulatory disclosure obligations statutorily imposed from time to time on Financial Institutions operating in the Federal Republic of Nigeria.



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### DECLARATION BY APPLICANT(S)

I/We declare that the information given herein and the documents supplied are the basis for opening of an account and I/We therefore warrant that such information is correct.

I/We understand that in the event that I/We are unable to furnish Capital Plus Management Limited with all the required account opening/KYC documentation, my/our funds will be returned to me/us and I/We shall hold Capital Plus Management Limited for any diminution, loss of interest or transfer charges in the event that my/our funds are returned.

I/We have attached a bank draft/cheque/evidence(s) of fund transfer to Capital Plus Management Limited with our details(name,address,telephone number) Subject to applicable local laws, I/We hereby consent and authorize for Capital Plus Management Limited to share my/our information with domestic and overseas tax authorities where necessary to establish my/our tax liability in any jurisdiction. Where required by domestic or oversea regulators or tax authorities, I/We consent and agree that Capital Plus Management Limited may withhold from my/our account(s) such amounts as may be required according to applicable laws, regulations and directives.

I/We agree to comply with the minimum investment period specified for any of the Mutual Funds, failing which I accept any losses, charges or costs that may arise at the point of redemption of my investment.

The funds and sources of such funds and or assets are legitimate and not directly or indirectly the proceeds of any unlawful activity.

I/We agree:

To comply with the minimum holding period(s) of the investment, failing which will accept any loss, cost and charge that may arise as a result of redemption.

That a fund certificate/statement in respect of this investment may be sent by email, at my risk, to the address given above.

To be bound by the Terms and Conditions contained herein.

### MARKETING CONSENT

Provided you have agreed to the above Data Protection Clause, we may use your personal or other information to share information with you on new products and services that may be of interest to you and from time to time will mail, email or SMS information to you about us, our products and services, or our partners and their products and services. If you do not wish to continue receiving this information, you may contact us and request that we delete your information from our mailing list.

#### SIGNATURE/THUMPRINT OF SIGNATORY 1

<b>COMPANY SEAL</b>	

DATE

#### SIGNATURE/THUMPRINT OF SIGNATORY 2

<b>COMPANY SEAL</b>	

DATE

### FOR INTERNAL USE

#### REQUIREMENT CHECKLIST

<input type="checkbox"/> Completed and Executed Account opening form
<input type="checkbox"/> A copy of Certificate of Incorporation
<input type="checkbox"/> A copy of Memorandum and Articles of Association
<input type="checkbox"/> A copy of Form Co7 or CAC2.3 (Particulars of Directors)
<input type="checkbox"/> A copy of Form Co2 or Co5 (Particulars of Shareholders)
<input type="checkbox"/> Board Resolution/letter of authorization to open an account and nominated signatory(s)
<input type="checkbox"/> Valid means of ID of signatories and at least two directors-original must be sighted (where applicable)
<input type="checkbox"/> Evidence of business address -original must be sighted (where applicable)
<input type="checkbox"/> Evidence of residential address for signatories and at least 2 directors -original must be sighted (where applicable)



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<input type="checkbox"/> Tax Identification Number (TIN) (where applicable)
<input type="checkbox"/> SCUML Certificate (where applicable)
<input type="checkbox"/> Evidence of payment for Legal Search Report

Please note that all information provided may be verified using independently sourced documents, date or information and may be kept up to date.

SCUML certificate is required for registered charities, religious organization and other Designated Non-Financial institution (DNFIs) as defined under section 25 of the Money Laundry Prohibition Act, 2011 (as amended) which include but not limited to hospitality industry, supermarkets, consultants and consulting companies, and so on

**AUTHENTICATION FOR POLITICALLY OR FINANCIALLY INCLUSION**

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDER POLITICALLY EXPOSED? YES  NO

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDER FINANCIALLY EXPOSED? YES  NO

**ACCOUNT OPENED BY**

NAME	<input type="text"/>	
SIGNATURE	<input type="text"/>	DATE <input type="text"/>
NAME	<input type="text"/>	
SIGNATURE	<input type="text"/>	DATE <input type="text"/>

**DEFERRAL/WAIVER OF DOCUMENT(IF ANY) AUTHORIZED BY**

NAME	<input type="text"/>	
SIGNATURE	<input type="text"/>	DATE <input type="text"/>
NAME	<input type="text"/>	
SIGNATURE	<input type="text"/>	DATE <input type="text"/>

**ADDRESS VERIFICATION BY**

NAME	<input type="text"/>	
SIGNATURE	<input type="text"/>	DATE <input type="text"/>
NAME	<input type="text"/>	
SIGNATURE	<input type="text"/>	DATE <input type="text"/>

COMMENTS-ADDRESS DESCRIPTION AND RESULT FINDINGS



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**ACCOUNT OPENING AUTHORISED/APPROVED BY**

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE