

CDL CAPITAL MARKETS LIMITED



(A Trading License Holder of the Nigerian Exchange Limited)

Office Address
230A, Eti-Osa Way, Dolphin Estate, Ikoyi, Lagos
Tel: +234 916 159 7332
E-mail / info@cdlcapitalmkt.com.ng
Website / www.cdlcapitalmkt.com.ng

CORPORATE ACCOUNT OPENING FORM

Category of Account (tick as appropriate): Corporate ☐

Name	
Company Name	Date of Birth/Incorporation
Place of Incorporation	RC Number
Business Sector	Tax Number
Residential/Registered Address	
Postal Address	
Telephone	Email
Fax	Website Address
Average Annual Turnover(NGN) <input type="checkbox"/> Less than 10m <input type="checkbox"/> 10m <input type="checkbox"/> 50m <input type="checkbox"/> Above 50m	Purpose of Investment
Source of Investment/ Fund	

Bank Account Details (Your Bank Account Name and Details Should Correspond with CSCS Account Name)

Bank Name	Branch
Account Name	Account Number
BVN:	

Principal Contact Person

Name	
Telephone	Address
Signature & Date	

Authorized Signatory (1)

Name	Designation	Affix Current Passport Photograph
BVN:		
IDENTIFICATION: INT'L PASSPORT <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> Others <input type="checkbox"/>		
Telephone	Email	
Specimen Signature and Date		

Authorized Signatory (2)

Name	Designation	Affix Current Passport Photograph
BVN:		
IDENTIFICATION: INT'L PASSPORT <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> Others <input type="checkbox"/>		
Telephone	Email	
Specimen Signature and Date		

Authorized Signatory (3)

Name	Designation	Affix Current Passport Photograph
BVN:		
IDENTIFICATION: INT'L PASSPORT <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> Others <input type="checkbox"/>		
Telephone	Email	
Specimen Signature and Date		

Directors/Administrators		
Please state the details of your Directors/Administrators below		
1. Name:	Email	Tel.
Address:		
2. Name:	Email	Tel.
Address:		
3. Name:	Email	Tel.
Address:		
4. Name:	Email	Tel.
Address:		
Attestation		
I/We attest that all the information provided herein is accurate and would notify you to update our records where any change occurs		
Director's Signature and Date		Director's Signature and Date
For Official Use		
Delivered By	Email <input type="checkbox"/>	Company Representative <input type="checkbox"/> Others(specify) <input type="checkbox"/>
Document Received By(Officer's Name)		
Location/Branch		
Initial Amount Deposited		
Documentation Checklist		
1. Completed Account Opening Form	<input type="checkbox"/>	8. Board Resolution/Management Approval. The Board Resolution/Management Approval should state a. Approval to open a Stock broking account with QCap b. The List of Authorized Signatories
2. Passport Photograph	<input type="checkbox"/>	
3. Photocopy of Identification Documents for all Directors and Signatories (International Passport/Valid Driver's License/National Identity Card)	<input type="checkbox"/>	9. *Latest Financial Statements
4. Proof of Address for all Directors and Signatories (Copy of recent Utility Bill)	<input type="checkbox"/>	10. *Particulars of Shareholders with minimum of 5% Shareholdings
5. Email Indemnity	<input type="checkbox"/>	11. *Particulars of Directors Form CAC 7 (LTDs only)
6. Standard Terms and Conditions	<input type="checkbox"/>	12. *Return on Allotment of Shares Form CAC 2 (LTDs only)
7. Copy of Certificate of Incorporation/Evidence of Business Registration	<input type="checkbox"/>	13. *Memorandum & Article of Association/Constitution/Partnership Deed
14. Estate Account Documentation	<input type="checkbox"/>	
15. Other Documents (a) _____ (b) _____ (c) _____		
Please note that all items (*) should be certified as True Copies By the Corporate Affairs Commission and sealed using Company Seal/Stamp		
Documentation Status	Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>
Rating	Low <input type="checkbox"/>	High <input type="checkbox"/>
Account Opening Authorized By		
CSCS Number	CHN	Folio Account Number
Anti-Money Laundering Act The Money Laundering (Prohibition) Act 2013 requires all financial and non financial institutions to obtain, verify and record information that identifies each person who opens an account- In this regard, when you open an account with us at CDL Capital, we will ask for your name, address, means of identification, occupation and other information that will enable us to identify you and verify your identity on an ongoing basis. Further to the money Laundering (Prohibition) Act 2013, any single transaction, lodgment or transfer of funds in excess of N5,000,000.00 or its equivalent in the case of individual or N10,000,000.00 its equivalent in the case of corporate body shall be reported in writing within seven (7) days to the Nigerian Financial Intelligence Unit (NFIU) and the Securities & Exchange Commission (as applicable) Signature/Date _____ Relationship Officer _____ Compliance approval _____ (Signature and Date) (Signature and Date) Operations Officer _____ Head of Operations approval _____ (Signature and Date) (Signature and Date)		

PLEASE AFFIX ONE RECENT PASSPORT SIZE PHOTOGRAPH

- Duly completed Account Opening Form with one recent clear Passport photograph with Names & Signature on the reverse side
- Means of Identification (Copy of International passport, Driver’s License or National ID Card
- Proof of Address Utility Bill(Electricity, Water/ Waste Bill)

NIGERIA DATA PROTECTION REGULATION DATA SUBJECT CONSENT FORM

We hereby grant CDL Capital Market Limited and all its third party processors authority to process our personal data, for the purpose of,

- Opening a brokerage account
- Execution of sales and purchase instructions
- Receiving trade alert
- Accessing the company online customer portal
- Receiving investment updates and newsletters
- Receiving email, promotions, and marketing materials
- Rectification of my personal data
- Financial Services Education
- Processing e-dividend
- Research and statistical purpose

We are aware this is necessary for CDL capital Market Limited legitimate interest to process personal information for the purpose of processing my request. I/We consent to CDL CapitalMarkets Limited using my personal data for the purposes described in this notice and We understand that we can withdraw our consent at anytime using the Data Subject consent Withdrawal Form.

Name of individual providing Consent

Address _____ :

Signature: _____ . Date: _____

DIRECT CASH SETTLEMENT : The Securities and Exchange Commission (SEC) in October 2019 released Rules on Direct Cash Settlement (DCS) wherein it directed those proceeds of trades carried out on behalf of clients of dealing member firms (Stockbrokers) be paid directly into the client’s designated bank account by a clearing and settlement entity, Now , in consideration of CDL Capital Markets Limited (CDL Capital) agreeing to honour your instructions based on the terms in the recital above, you need to unconditionally undertake and declare that:

I/ We shall indemnify CDL Capital Markets Limited against all liabilities, fines , penalties , costs, expenses, damages and losses (including all interests legal and other professional fees and (expenses) suffered or incurred by CDL in connection with any threatened, pending , or completed action, suit or proceeding , whether civil , regulatory , criminal , administrative or investigative to which CDL Capital is/was or at any time becomes a party, or is threatened to be made a party, because CDL Capital acted on the instructions/ document we gave or submitted to CDL Capital.

Remain as Direct Cash Settlement (DCS): Yes ☐ No ☐

DOCUMENTS AND FORMS ATTACHED TO THE APPLICATION

- Driver’s License / National ID card / International Passport Yes ☐ No ☐
- Passport Photograph of Signatory (ies) Yes ☐ No ☐
- Utility Bill Yes ☐ No ☐
- Certificate of Incorporation Yes ☐ No ☐
- Memorandum and Article of Association Yes ☐ No ☐
- Form CO7 Listing Directors Yes ☐ No ☐
- Form CO2 Listing Shareholders Yes ☐ No ☐
- Board Resolution appointing CDL Capital as the Stockbroker Yes ☐ No ☐

TERMS AND CONDITIONS

I/We hereby request and authorize you to open an account in my /our name and at any time subsequently to open such further accounts as I/We may direct and in consideration, I/We understand and agree that:

- CDL Capital offices are open for business between the hours of 8 a.m. and 5 p.m. on each day that is designated a Business Day in Nigeria ("Business Day").
- If for any reason CDL Capital authorizes the execution of the client's validly executed mandate when at the material time the client's account does not have sufficient funds to accommodate the value of the transaction, (and the said client's account is thereby thrown into debit) the client agree that an overdraft position is thereby created and interest will be charged as appropriate.
- All payments are to be made into CDL Capital Corporate Account. That is, in no circumstance should any client pay cash to the company's Staff/People. Any client that pays cash to any of the aforementioned, does that at his/her own risk.
- Client mandates should be sent physically to CDL Capital office, in Lagos or other offices as CDL Capital may from time to time maintain elsewhere in Nigeria or via e-mail and SMS. The dedicated e-mail address for mandates is **mandate@cdlcapitalmkts.com.ng**.
- The daily transaction deadline for the receipt of stock mandates and/or amendments from clients is 10 a.m. (Nigerian Time) of the Business Day on which such Mandate is to be executed.
- Where a mandate consists of a purchase instruction, it can only be processed if sufficient cleared funds are available to execute such an instruction and at the prevailing market conditions.
- CDL Capital executes transactions based on the ruling market prices of stocks on the floor of the Nigerian Exchange Ltd or NASD OTC Securities Exchange and FMDQ/OTC Securities Exchange as the case maybe.
- Valid mandates have an execution period of three (3) Business Days unless otherwise specified by the client after which they will be deemed to have expired.
- The Client is liable to pay all applicable statutory charges on every executed trade.

E-INDEMNITY

Whereas: I/We.....

Email:.....Telep hone... of the above email and telephone number hereby declare that; I/We are fully aware that Buy and/or Sell Mandate for the trade of shares/stocks/bonds through our CENTRAL SECURITIES CLEARING SYSTEM LTD (CSCS) Account domiciled with the company shall be by Buy and/or Sell Mandate Form executed in accordance with the service offering subscribe to and such instructions must emanate from email address and phone numbers filled in the account opening form or by a hard copy of a duly executed mandate form by authorized signatories.

I/we understand that the Company is not required to verify the identity of the person giving instructions in my/our name provided the instructions are in line with my/our records with the Company.

I/we understand that it is my/our responsibility to keep my/our communication details (Username, Password) and phone device as private and confidential to prevent unauthorized access and we will immediately notify the Company should we detect a breach of these medium.

The company has requested and I/we have agreed to provide the Indemnity under the conditions herein contained:

NOW THEREFORE, I/We instruct that the Company should accept and execute instructions and/or give effect to requests to buy or sell stocks on my behalf, any other instruction relating to my account on any of the services usually rendered by the company to her clients, where such instructions and/or requests are given by any of the aforementioned means.

IN CONSIDERATION of the company agreeing to accept and act upon any such instructions, communications and documents by telephone, SMS, e-mail, letters issued by me for the trade of shares/stocks/bonds and other forms of unsecured means of communication and unaccompanied by a duly executed Buy and/or Sell Mandate Form, I/We hereby irrevocably undertake to indemnify the Company and hold it harmless from and against all costs (including without limitation to legal fees and

transactions executed on the floors of various Stock Exchanges as may be advised from time to time by the regulatory authorities. Please confirm the ruling charges from the Customer Service Officers or through the Customer Service lines listed elsewhere on this form.

Risk Tolerance Level: Conservative Aggressive
Moderately Conservative Moderately Aggressive

I/we, the undersigned, have read and are in agreement with the Terms & Conditions and the Risk Disclosures above:

Name.....

Signature.....Date.....

N.B. All deletions and/or alterations must be initiated by the client. The Mandate must be initiated by all signatories thereto..

ANTI-MONEY LAUNDERING ACT

The Money Laundering (Prohibition) Act 2013 requires all financial and nonfinancial institutions to obtain, verify and record information that identifies person who opens an account. In this regard, when you open an account with us at CDLCapital, we will ask for your name, address, means of identification, occupation and other information that will enable us to identify you and verify your identity on ongoing basis.

Further to the money laundering (Prohibition) Act 2013, any single transaction, lodgment or transfer of funds in excess of N5,000,000.00 or its equivalent in the case of individual or N10,000,000.00 or its equivalent in the case of corporate body shall be reported in written within seven (7) days to the Nigerian Financial Intelligence Unit (NFIU) and the Securities & Exchange Commission (as applicable).

Name.....

Signature.....Date.....

Expenses, claims, losses, liabilities, damages and proceedings whatsoever that the company may suffer or incur or that may arise as a result of the Company accepting or acting upon such instructions, communication or documents and including risks due to errors in transaction, misunderstanding or error on the part of the company regarding my identity.

I/We hereby irrevocably release the Company from all liabilities in the event that any telephone, text messages, e-mail or letter is not received, or is mutilated, altered, illegible or interrupted, duplicated, incomplete, unauthorized, or delayed for any reason.

CDL Capital shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, e-mail or letters or instructions received by telephone unaccompanied by my executed Buy and/or Sell Mandate Form and/or to request verification of documents and instructions received by such means.

This Indemnity shall be governed by and construed in accordance with the Laws of the Federal Republic of Nigeria.

Dated this.....day of.....20..... Signature.....

Signed, Sealed and Delivered By the within named:

In the presence of:

Name.....

Signature.....Date.....

For Official Use Only

Account Officer's Name.....Signature.....

Head of Operations.....

Compliance Officer.....



FOR OFFICE USE

VISITATION REPORT

Client’s Name:

Client’s Address:

Account Officer:

DESCRIPTION OF RESIDENT

Compliance Officer	Date
Signature	