



COMPANY DETAILS

Business Name

Certificate of Incorporation/Registration

Jurisdiction of Incorporation/Registration

Sector/Industry

Special Control Unit against Money Laundering (SCUML)

Operating Address

City

State

LGA

Registered Address (If different from above)

City

State

LGA

Email Address

Website (if any)

Office Phone

Office Phone II

Mobile Phone

ANNUAL TURNOVER

(a) Less than ₦50 million

₦50 million - Less ₦500 million

₦500 million - Less than ₦5 billion

Above ₦5 billion

(b) Is Your Company Quoted on the Stock Exchange?

Yes

No

(c) If answer to the questions (b) is Yes, indicate which Stock Exchange and the Stock Symbol:

ACCOUNT SIGNATORY'S DETAILS

Full Name

Nationality (For Non-Nigerians)

Permit Issue Date

Permit Expiry Date

Tax Identification Number (TIN)

BVN NO

Date of Birth

Place of Birth

NIN NO

State of Origin

LGA

Religion

Mother's Maiden Name

Sex

Male

Female

Marital Status

Single

Married

Seperated

Divorced

Widowed

Valid Means of Identification

National ID Card

Driver's License

International Passport

Voters Card

Others (please specify)

ID No

ID IssueDate

ID Expiry Date

Occupation

Status/Job Title

Position/Designation

Permanent

Address (No/Street/Road/Close)

City

State

LGA

Residential

Address (No/Street/Road/Close)

City

State

LGA

Private E-mail

Office E-mail

Mobile Phone

Home Phone

Class of Signatory (Please indicate class in the box)

Signature:

Date

Affix Passport Photograph Here

1



DETAILS OF THE DIRECTOR’S/EXECUTIVES/TRUSTEES

Full Name

Title

Surname

First name

Other name

Nationality
(For Non-Nigerians)

Resident Permit No

Permit Issue Date

Permit Expiry Date

Tax Identification Number (TIN)

BNV NO

Date of Birth

Place of Birth

NIN NO

State of Origin

LGA

Religion

Mother's Maiden Name

Sex

Male

Female

Marital Status

Single

Married

Seperated

Divorced

Widowed

Valid Means of Identification

National ID Card

Driver's License

International Passport

Voters Card

Others (please specify)

ID No

ID IssueDate

ID Expiry Date

Occupation

Status/
Job Title

Position/
Designation

Permanent

Address (No/
Street/Road/Close)

Nearest Bus Stop/
Landmark

City

State

LGA

Residential

Address (No/
Street/Road/Close)

Nearest Bus Stop/
Landmark

City

State

LGA

Private E-mail

Office E-mail

Mobile Phone

Home Phone

Class of Signatory
(Please indicate class in the box)

Signature:

Date

First Director

Affix
Passport Photograph
Here

Full Name

Title

Surname

First name

Other name

Nationality
(For Non-Nigerians)

Resident Permit No

Permit Issue Date

Permit Expiry Date

Tax Identification Number (TIN)

BNV NO

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Place of Birth

NIN NO

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Nearest Bus Stop/
Landmark

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State

LGA

Residential

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Street/Road/Close)

Nearest Bus Stop/
Landmark

City

State

LGA

Affix
Passport Photograph
Here



Private E-mail	<input type="text"/>	Office E-mail	<input type="text"/>								
Mobile Phone	<input type="text"/>	Home Phone	<input type="text"/>								
Class of Signatory (Please indicate class in the box)	<input type="text"/>	Signature: _____	Date <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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Third Director															

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		Fourth Director		Date <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
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DECLARATIONS

Customer information

I/We hereby apply for the opening of account(s) with CFS Financial Services Limited. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify CFS Financial Services Ltd for any loss suffered as a result of any false information or error in the information provided to CFS Financial Services Ltd.

In witness whereof, the common seal of _____
is hereby affixed this _____ day of _____ 20_____ in the presence of :

Director (Name/Signature)

Director/Secretary (Name and Signature)



For Official Use Only

REQUIREMENT CHECKLIST

Document Required	CHECKED	DEFERRED	WAIVED	N/A
Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of CAC Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Companies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form C07 Particulars of Directors (certified true copies by the Registrar of Companies and a certification by a Notary Public for foreign companies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form C02 Allotment of Shares (certified true copies by the Registrar of Companies and a certification by a Notary Public for foreign companies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership Deed (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval Letter (for Government Agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act/Gazette (for Government Agency - where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) passport sized photograph of each signatory to the account with name written on the reverse side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction Letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status Report from Bank (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident Permit (for non-Nigerian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Registration with Nigerian Investment Promotion Council (NIPC)(where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Company Address: Utility bills etc (original copy is required for verification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Premises visitation certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Identity of all Signatories and Directors/Officer whose name appear on the account opening form/document (International Passport/National Driver's License/National ID Card/Voter's Card-original required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening document (original copy of utility bills etc required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) completed satisfactory reference forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the audited Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)				



Name

**DEFERRAL/WAIVER OF DOCUMENT
(IF ANY) AUTHORISED BY:**

Signature Date

D	D	M	M	Y	Y	Y	Y
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Name

Signature Date

D	D	M	M	Y	Y	Y	Y
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**ADDRESS VERIFICATION
CARRIED OUT BY:**

Name

Signature Date

D	D	M	M	Y	Y	Y	Y
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COMMENT(S) Address description and resulting finding):

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.....

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**ACCOUNT OPENING AUTHORISED/
APPROVED BY:**

Name

Signature Date

D	D	M	M	Y	Y	Y	Y
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CUSTOMER INTRODUCED BY:

Name

Signature Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ACCOUNT INFORMATION

Account Category

Individual ☐ Joint ☐

Other ☐

Product Type

Lease Borrowing Note ☐

Borrowing Appreciation Note ☐

Project Target Plan ☐

Education Investment Plan ☐

Personal Loan ☐

Working Capital ☐

Invoice Discounting/LPO ☐

Finance Lease ☐

Sales and Lease Back ☐

Other ☐

Specify:

ACCOUNT NO

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BRANCH

ACCOUNT OFFICER

Name

Signature Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



LETTER OF SET-OFF

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.....
.....
Date:

To: CFS FINANCIAL SERVICES LIMITED

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.....
.....
.....

LETTER OF SET-OFF

In consideration of your providing us financial and/or banking accommodation and other facilities, we agree that in addition to any general lien or similar right which you as a financial services company entitled by law, you may at any time without notice to us combine or consolidate all or any of your accounts, affiliate, subsidiary or sister company's accounts (whether or not in the same name) with liabilities to you and set-off or transfer any sum standing to the credit of any other be actual or contingent, primary or collateral and several or joint.

Dated this day of 20.....

The common seal of the company is here unto affixed, in presence of:

Director

Director/Secretary

Company Seal
