



Account Opening Form For Business Entities

Entity details

Full Name of Entity:

Business Name/ RC Identification No:

Tax Identification No:

Nature of Business:

Entity Type: Limited Liability Partnership Sole Proprietor Incorporated Trustee

Entity Registered Address:

Telephone No:

Official Website: Preferred Communication Mode: Email Phone call

Does the entity have a PEP as a director? Yes No Does the entity have a PEP as a shareholder? Yes No

If Yes, Details

Does the entity have a shareholder with more than 5% Yes No If Yes, Details

For Regulated Entities Only

Regulator:

Type of Licence:

Licence No

Annual Turnover and Investment Purpose

Annual Turnover: Less than N250 Million N250 - N500 Million N500 - N1 Billion Above N1 Billion

Source of Investment Fund:

Purpose of Investment: (Tick all that apply): Capital Preservation Capital Growth Liquidity Management

Products/ Services Required

Mutual Funds: Money Market Fund Value Fund Fixed Income Dollar Fund Specialized Dollar Fund Other:

For Mutual Funds only: Dividend Payout Options (Please tick as appropriate) Reinvest Credit my account

Portfolio Management Services: Discretionary Non-Discretionary

Private Products: FCY Investment Note LCY Investment Note Other:

Services: Investment Advisory Other:

Authorised Signatory
Personal Information 1

Title: [Text Field]

Surname: [Text Field]

First Name: [Text Field]

Middle Name: [Text Field]

Date of Birth: Gender: Male Female

NIN: [Text Field] TIN: [Text Field]

State of Origin: [Text Field]

Means of Identification: [Text Field] ID No: [Text Field]

Occupation: [Text Field] Designation: [Text Field]

Class: Class A Class B Class C

Email: [Text Field]

Contact Address: [Text Field]

[Text Field]

Phone Number: [Text Field] BVN: [Text Field]

Signature: [Text Field] Date: [Text Field]

AFFIX
PASSPORT
PHOTOGRAPH

Authorised Signatory
Personal Information 2

Title: [Text Field]

Surname: [Text Field]

First Name: [Text Field]

Middle Name: [Text Field]

Date of Birth: Gender: Male Female

NIN: [Text Field] TIN: [Text Field]

State of Origin: [Text Field]

Means of Identification: [Text Field] ID No: [Text Field]

Occupation: [Text Field] Designation: [Text Field]

Class: Class A Class B Class C

Email: [Text Field]

Contact Address: [Text Field]

[Text Field]

Phone Number: [Text Field] BVN: [Text Field]

Signature: [Text Field] Date: [Text Field]

AFFIX
PASSPORT
PHOTOGRAPH

Authorized Signatory Personal Information 3

Title:			
Surname:			
First Name:			
Middle Name:			
Date of Birth:	DD/MM/YYYY	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
NIN:		TIN:	
State of Origin:			
Means of Identification:		ID No:	
Occupation:		Designation:	
Class:	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C
Email:			
Contact Address:			
Phone Number:		BVN:	
Signature:		Date:	



Signature Mandate

Signature Mandate (signing rule)			

Bank Account Details

Bank Name (NGN):			
Account Number:		Currency:	
Account Name:			
Foreign Bank Details:			
Correspondent Bank Name:			
Swift Code:		Routing No/Sort Code:	
Account Number:		IBAN (Where applicable):	

Email Indemnity

(Name of Entity)

with E-mail Address

hereby authorise VAML (the "Company") to effect any & all transactions relating to my account held with them on the basis of my electronic mail (Email). We consent to indemnify the Company against any losses whatsoever suffered by ourselves or the Company as a result of the Company acting on the basis of the stated email.

We hereby confirm that:

- i. the email stated above is our preferred means of communication.
- ii. the entity authorizes VAML to effect any and all transactions relating to the entity's account received from the email address stated above.
- iii. the entity hereby indemnifies VAML against any losses, claims or damages whatsoever suffered by it as a result of VAML acting further to the instructions received from the above stated email.
- iv. the entity will be fully liable for the full amount of any loss suffered by it further to VAML acting on an instruction received from the above stated email address.

Authorised Signatory

Authorised Signatory

Date

Date

Data Protection

By ticking YES below, We hereby affirm that in line with the relevant Data Protection laws in Nigeria, We consent to the collection, processing and storage of our personal data/information in the absence of any fraud, duress, undue influence or coercion, for the purpose of this account opening and other necessary data processing activities which may arise therefrom, including for the performance of the relationship between us and VAML. We affirm that We have the requisite capacity under the law to consent to the collection and processing of our personal data. We affirm that we are aware and take cognizance of our rights under the relevant Data Protection laws in Nigeria which include the right to request for access, amendment, recitation or cancellation or destruction of our personal data information (subject matter laws), the right to lodge a complaint with the relevant authority as well as the right to object to the processing of our personal data.

We further consent to the processing of our personal data (within or outside Nigeria), including transfer of our personal data to any third party for reasons associated with the purpose for which the data is being processed as stated above, including but not limited to data collection, processing and storage.

Yes No

Self-Certification for Corporate Tax Residency

CONTROLLING PERSON 1

Name:

Date of Birth:

Address:

Are you tax resident in Nigeria? Yes No (State country please)

Do you have a Tax Identification No.? Yes No If Yes, please provide TIN:

If No, please state reason:

Name of Authorised Signatory:

Signature: Date:

Self-Certification for Corporate Tax Residency

CONTROLLING PERSON 2

Name:			
Date of Birth:			
Address:			
Are you tax resident in Nigeria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(State country please) <input type="text"/>
Do you have a Tax Identification No.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please provide TIN: <input type="text"/>
If No, please state reason:	<input type="text"/>		
Name of Authorised Signatory:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

Account Opening Requirements - For Companies Only

- Duly Completed Account Opening Form.
- Acceptable means of identification (Valid (current) Driver's license/International passport/National ID/Voters Card) of all
- Directors, Ultimate Beneficial Owners holding 5% and above and Signatories.
- One recent passport photograph of all Directors and Signatories
- Copy of Utility Bill showing the Company's Registered/Operating Address stated in the Account Opening Form
- Copy of residential utility bill (PHCN Bill, Water Corporation Bill, Waste Bill etc.) of not more than 3 (Three) months showing the address of all Directors,
- Copy of residential utility bill (PHCN Bill, Water Corporation Bill, Waste Bill etc.) of not more than 3 (Three) months showing the address of the Ultimate Beneficial Owners holding 5% and above and Signatories
- Certified True Copy of the Memorandum and Articles of Association
- Certified True Copy of Certificate of Incorporation
- Board Resolution:
 - [a] Authorizing the opening of An Account with the Company
 - [b] The list of authorized signatories to the account and their signature specimen and mandate
- CAC Status Report showing Persons of Significant Control for companies incorporated from 2020 (Replaced Form CAC 2, CAC 3 and CAC 7)
- Evidence of source of funds such as audited financial statement, relevant agreements or contract notes.

Account Opening Requirements -For Cooperative Societies and NGOs Only

- Duly Completed Account Opening Form.
- Acceptable means of identification (Valid (current) Driver's license/International passport/National ID/Voters Card) of all
- Executives, Ultimate Beneficial Owners holding 5% and above and Signatories.
- One recent passport photograph of all Authorised Signatories
- Copy of Utility Bill showing the Entity's Registered/Operating Address stated in the Account Opening Form
- Copy of residential utility bill (PHCN Bill, Water Corporation Bill, Waste Bill etc.) of not more than 3 (Three) months showing the address of all Authorised Signatories and the Ultimate Beneficial Owners holding 5% and above
- Copy of documentation confirming the legal existence of the account holder such as register of charities
- Certified True Copy of the Constitution or Byelaws of the Entity
- Evidence of Registration with the Corporate Affairs Commission (CAC) or State Government
- An independent undertaking from a legal practitioner or Chartered Accountant confirming the documents submitted.
- Letter of authority instructing investment in ValuAlliance and naming signatories and mandates executed by at least 2 executives.
- Evidence of source of funds such as audited financial statement, relevant agreements or contract notes.

Account Opening Requirements - For Estate Accounts Only

- Duly Completed Account Opening Form.
- Acceptable means of identification (Valid (current) Driver's license/International passport/National ID/Voters Card) of all Administrators and above and Signatories.
- One recent passport photograph of all Authorised Signatories
- Certified true copy of the letter of Administration/Probate
- Copy of residential utility bill (PHCN Bill, Water Corporation Bill, Waste Bill etc.) of not more than 3 (Three) months showing the address of all Authorised Signatories
- Death Certificate issued by a government hospital/NPC and or Newspaper Publication of Obituary
- Banker's Confirmation of the Estate Account and Authorised Signatories
- Stamped FIRS Power of Attorney (where one Administrator /Executor wishes to act on behalf of other Administrators /Executors of the Estate).
- Evidence of Payment of Probate Search fees
- Evidence of source of funds such as audited financial statement, relevant agreements or contract notes.

Account Opening Requirements - For Companies Only

- Duly Completed Account Opening Form.
- Acceptable means of identification (Valid (current) Driver's license/International passport/National ID/Voters Card) of all Administrators/Executors and above and Signatories.
- One recent passport photograph of all Authorised Signatories
- Copy of Utility Bill showing the Entity's Registered/Operating Address stated in the Account Opening Form
- Copy of residential utility bill (PHCN Bill, Water Corporation Bill, Waste Bill etc.) of not more than 3 (Three) months showing the address of all Authorised Signatories and Principals (Founders and Beneficiaries)
- Copy of documentation confirming the legal existence of the account holder such as register of charities
- Certified True Copy of the Constitution or Byelaws of the Entity
- Evidence of Registration with the Corporate Affairs Commission (CAC) or State Government
- An independent undertaking from a legal practitioner or Chartered Accountant confirming the documents submitted.
- Letter of authority/Resolution of the Board of Trustees (for Trusts only)
 - [a] Authorizing the opening of an Account with ValuAlliance
 - [b] The list of authorized signatories to the account and their signature specimen and mandate
- Evidence of source of funds such as audited financial statement, relevant agreements or contract notes.

Account Opening Requirements - For Trusts and Religious Organisations Only

- Duly Completed Account Opening Form.
- Acceptable means of identification (Valid (current) Driver's license/International passport/National ID/Voters Card) of all Executives, Ultimate Beneficial Owners holding 5% and above and Signatories.
- One recent passport photograph of all Authorised Signatories
- Copy of Utility Bill showing the Entity's Registered/Operating Address stated in the Account Opening Form
- Copy of residential utility bill (PHCN Bill, Water Corporation Bill, Waste Bill etc.) of not more than 3 (Three) months showing the address of all Authorised Signatories and the Ultimate Beneficial Owners holding 5% and above
- Copy of documentation confirming the legal existence of the account holder such as register of charities
- Certified True Copy of the Constitution or Byelaws of the Entity
- Evidence of Registration with the Corporate Affairs Commission (CAC) or State Government
- An independent undertaking from a legal practitioner or Chartered Accountant confirming the documents submitted.
- Letter of authority instructing investment in ValuAlliance and naming signatories and mandates executed by at least 2 executives.
- Evidence of source of funds such as audited financial statement, relevant agreements or contract notes.

Account Opening Requirements -For Trusts and Religious Organisations Only

- Duly Completed Account Opening Form.
- Acceptable means of identification (Valid (current) Driver's license/International passport/National ID/Voters Card) of all Authorised Signatories.
- One recent passport photograph of all Authorised Signatories
- Copy of Utility Bill showing the Entity's Registered/Operating Address stated in the Account Opening Form
- Copy of residential utility bill (PHCN Bill, Water Corporation Bill, Waste Bill etc.) of not more than 3 (Three) months showing the address of all Authorised Signatories.
- Letter of authority
 - [a] Authorizing the opening of an Account with ValuAlliance
 - [b] The list of authorized signatories to the account and their signature specimen and mandate
 - [c] Telephone and email contacts shall also be made with the Chief Executive Officer of the organization/ parastatals concerned, intimating him/her of the application to open the account

Account Opening Requirements - For Companies Only

Client's File Number:

Account Officer Name:

Signature

Date