



ECL ASSET MANAGEMENT LIMITED

A trading license Holder of the Nigerian Exchange limited

Corporate Account Opening Form

999C Danmole Street (5th Floor),
off Adeola Odeku/Idejo Street,
Victoria Island, Lagos.
E-mail: info@eclassetmgt.com
Website: www.eclassetmgt.com
Tel: +234 814 686 4707

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) Less <input type="checkbox"/> 10m <input type="checkbox"/> 50m <input type="checkbox"/> Above <input type="checkbox"/>	Purpose of Investment
50m than 10m	Source of Investment/ Fund

Bank Account Details	
Bank Name	Branch
Account Name	Account Number
	BVN:

Principal Contact Person		
Surname	First Name:	Middle Name:
Address:		
Signature & Date		Telephone

Authorized Signatory (1)		Affix Current Passport Photograph	
Surname	First Name:		Middle Name:
BVN:	Designation:		
IDENTIFICATION: INT'L PASSPORT <input type="checkbox"/>	DRIVER'S LICENSE <input type="checkbox"/>		Others <input type="checkbox"/>
Telephone:	Signature:		
Email:	Date:		

Authorized Signatory (2)		Affix Current Passport Photograph	
Surname:	First Name:		Middle Name:
BVN:	Designation:		
IDENTIFICATION: INT'L PASSPORT <input type="checkbox"/>	DRIVER'S LICENSE <input type="checkbox"/>		Others <input type="checkbox"/>
Telephone	Signature:		
Email:	Date:		

Authorized Signatory (3)		Affix Current Passport Photograph	
Surname:	First Name:		Middle Name:
BVN:	Designation:		
IDENTIFICATION: INT'L PASSPORT <input type="checkbox"/>	DRIVER'S LICENSE <input type="checkbox"/>		Others <input type="checkbox"/>
Telephone:	Signature:		
Email:	Date:		

Authorized Signatory (4)

Surname:	First Name:	Middle Name:
BVN:	Designation:	
IDENTIFICATION: INT'L PASSPORT <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHERS: <input type="checkbox"/>		
Telephone:	E-Mail:	
Signature:	Date:	

Affix Current
Passport
Photograph

Directors

Please state the details of your Directors below

1. Name:	
E-mail:	Tel:
Address:	
2. Name:	
E-mail:	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 Company Representative Others(*specify*): _____

Document Received By (officer's Name): _____

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 stockbroking account with ECL <input type="checkbox"/> b. The List of Authorized Signatories <input type="checkbox"/>
2. Passport Photograph <input type="checkbox"/>	9. *Latest Financial Statements <input type="checkbox"/>
3. Photocopy of Identification Documents for all Directors and Signatories (<i>International Passport/Valid Driver's License/National Identity Card</i>) <input type="checkbox"/>	10. *Particulars of Shareholders with a minimum of 5% Shareholdings <input type="checkbox"/>
4. Proof of Address for all Directors and Signatories <input type="checkbox"/>	11. *Particulars of Directors Form CAC 7 (<i>LTDs only</i>) <input type="checkbox"/>
5. Email Indemnity <input type="checkbox"/>	12. *Return on (<i>Copy of recent Utility Allotment of Shares Form CAC 2 (LTDs only)</i>) <input type="checkbox"/>
6. Standard Terms and Conditions Deed <input type="checkbox"/>	13. *Memorandum & Article of Association/Constitution/Partnership <input type="checkbox"/>
7. Copy of Certificate of Incorporation/Evidence of Business Registration <input type="checkbox"/>	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 the Company Seal/Stamp

Documentation Status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Rating: <input type="checkbox"/> Low <input type="checkbox"/> High
Account Opening Authorized By: _____
CSCS Number _____ CHN _____ Folio Account Number _____

TERMS AND CONDITIONS

a. We..... hereby request and authorize you to open an account in my name and subsequently open further accounts as I may direct. I understand and agree that:

b. It is our standard procedure to submit/procure credit information to/from relevant agencies and credit bureau in compliance with the CBN financial systems credit your financial relationships information may be reported/reviewed at any time in the normal course of the relationship

c. ECL offices are open for business between the hours of 8a.m. and 5p.m. on each that is designated a Business Day in Nigeria ("Business Day").

d. All payments are to be made into ECL's Corporate Account. That is, in no circumstance should any client pay through company representatives otherwise

Client mandates could be hard or soft copy and should be forwarded to ECL office, in Lagos or via our various mandates' channels: e-mail/SMS info@whitecrestng.com, and WhatsApp **+234 814 686 4707**

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

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

E-INDEMNITY

We.....hereby declare that; I am fully aware that Buy / Sell Mandate for the trade of shares/stocks/bonds through my CENTRAL SECURITIES CLEARING SYSTEM LTD (CSCS) Account domiciled with the company shall be by Buy / Sell Mandate instruction in accordance with the service offering I subscribed to and such instructions must emanate from email address or phone numbers filled in this account opening form or by a hard copy of my written and signed request from me.

We understand that the Company is not required to verify the identity of the person giving instructions on my name provided the instructions are in line with my records with the Company.

NIGERIA DATA PROTECTION REGULATION DATA CONSENT FORM

We hereby grant ECL Asset MGT Limited and all its third-party processors authority to process my

- Opening a brokerage account
- Accessing the company's online trading portal
- Receiving email, promotions, and marketing materials
- Processing e-dividends and dematerialization of stocks
- Execution of sales and purchase instructions
- Receiving investment updates and newsletters
- Rectification of my personal data
- Research and statistical purpose
- Receiving trade alert

We are aware this is necessary for ECL Asset MGT Limited legitimate interest to process personal information for the purpose of processing my request. I consent to ECL Asset MGT Limited using my personal data for the purposes described in this notice. I understand that I can withdraw my consent at any time using the Data Subject Consent Withdrawal Form.

e. Daily transaction deadline for the receipt of stock mandates and amendments request from clients is between 9:20a.m and 2:15p.m. (Nigerian Time) of the Business

g. Where a mandate consists of a purchase instruction, it will only be processed if sufficient cleared funds are available in the client's account.

h. Valid mandates have an execution period of 24hours unless specified by the client.

i. ECL executes transactions based on the ruling market prices of stocks on the Nigerian Exchange Ltd, NASD OTC Securities

It is my absolute responsibility to keep private my online trading login detail, my username and password. ECL is not liable for any unauthorized access to my online trading portal

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The company shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, e-mail, letters or instructions received by telephone.

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

NOW THEREFORE, 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 IN CONSIDERATION of the company agreeing to accept and act upon any such instructions, communications and documents by WhatsApp, SMS, e-mail or letter issued and signed by me for the trade of shares/stocks/bonds.

ANTI-MONEY LAUNDERING ACT

As part of the Federal Government of Nigeria fight against funding of terrorism and money laundering activities, the Money Laundering (Prohibition) Act 2013 requires a statutory filing of report to NFIU of deposits from #5,000,000 and above from individual and #10,000,000 and above from corporate body. we are fully in compliance of this requirement.

Authorised Signatory 1:	Signature:	Date:
Authorised Signatory 2:	Signature:	Date:
Authorised Signatory 3:	Signature:	Date:
Authorised Signatory 4:	Signature:	Date:

DATA PROTECTION OFFICER:

Name: _____ Signature: _____ Date: _____

OTHER DISCLOSURES

Have you occupied any Political Position? Yes No

If yes, please state the most recent political position held: _____ Date: from _____ to _____

Have any of your close relatives/associates occupied a Political Yes No

Name of Individual Proving Consents:

Name: _____ Signature _____ Date: _____

Document Checklist	Yes	No
Completed KYC form	<input type="checkbox"/>	<input type="checkbox"/>
Means of Identification (e.g. International Passport, Driver's License, National ID Card)	<input type="checkbox"/>	<input type="checkbox"/>
Passport photograph	<input type="checkbox"/>	<input type="checkbox"/>
Proof of address (e.g. Copy of recent utility bill)	<input type="checkbox"/>	<input type="checkbox"/>
Memorandum and Article of Association	<input type="checkbox"/>	<input type="checkbox"/>
Form CO7 Listing Directors	<input type="checkbox"/>	<input type="checkbox"/>
Form CO2 Listing Shareholders	<input type="checkbox"/>	<input type="checkbox"/>
Form CO2 Listing Shareholders	<input type="checkbox"/>	<input type="checkbox"/>
Board Resolution appointing ECL Asset as the Stockbroker	<input type="checkbox"/>	<input type="checkbox"/>

Official Use Only

Account Officer's Name: **Signature & Date:**

Head, Operations: **Signature & Date:**

Compliance Officer: **Signature & Date:**

MD's Approval: **Signature & Date:**