

ACCOUNT OPENING FORM

**1. Details**

Business Name

Date of Registration    Registration No.  Tax ID No.

Registered Address

City  State  Country

Mailing Address

Phone Number(s)  Fax

E-mail

Nature of Business

Bank Details: Bank  Bank Verification No.

Account Name  Account No.

Branch  Source of Funds

**Authorised Signatories to Company Account**

	Signatories	Sample Signature	Category
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature Mandate

Contact Names for Notifications

1. Primary Contact's Name

Email  Phone

2. Secondary Contact's Name

Email  Phone

## 2. Information of Signatory

Kindly append signature and official seal or stamp

Signature of Director and  
Official Seal

Signature of Secretary

## 3. Transfer Details

Account Name: CS Advance Finance Company Limited

Bank Name: Sterling Bank Plc

Bank Account Number: 00544044608

## 4. Deposit Mandate

Kindly confirm your preferred mandate

Amount  Interest Rate

Amount

In Words

90 Days  180 Days  365 Days

### FOR OFFICE USE ONLY

Account Opening Requirement Checklist	Provided	Waived	Account Opening Requirement Checklist	Provided	Waived
1. Completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	6. Certificate of registration	<input type="checkbox"/>	<input type="checkbox"/>
2. 1 (One) Passport Photograph of each Signatories	<input type="checkbox"/>	<input type="checkbox"/>	7. Minutes confirming Authorised	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Identification of Authorised Signatories (Int. Passport, Driver's License or National ID)	<input type="checkbox"/>	<input type="checkbox"/>	8. Minutes appointing CSAdvance as Finance House	<input type="checkbox"/>	<input type="checkbox"/>
4. Completed "Individual Details" form for each Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>			

Comments/Additional Information

Date of Account Opening DD MM YY

Account No

Relationship Manager

Signature

Authorising Officer

Signature