

## CLIENT INFORMATION FORM - CORPORATE

REQUIRED AS PER CAPITAL MARKETS AUTHORITY ACT 1994. RULES PARTS IV SECTION 11(1)(1) & (B))

REGISTERED REFERENCE NUMBER

### APPLICATION DETAILS

Business Name	<input type="text"/>
Tax Identity No. (TIN)	<input type="text"/>
Registration No. (BRELA)	<input type="text"/>
Postal Address	<input type="text"/>
Telephone	<input type="text"/>
Physical Address	<input type="text"/>

A COPY OF YOUR COMPANY REGISTRATION CERTIFICATE SHOULD BE ATTACHED  Attached

### NAME OF DIRECTORS

01	<input type="text"/>	05	<input type="text"/>
02	<input type="text"/>	06	<input type="text"/>
03	<input type="text"/>	07	<input type="text"/>
04	<input type="text"/>	08	<input type="text"/>

### BANK ACCOUNT DETAILS

Banker	<input type="text"/>
Branch	<input type="text"/>
A/C Number	<input type="text"/>

### AUTHORISED SIGNATORIES:

Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>

### FOR OFFICIAL USE ONLY To be completed by Interviewing Officer

Received CDS Receipt/Share Certificate Number	<input type="text"/>	Identification Verified	<input type="text"/>
Name of Staff	<input type="text"/>	Signature	<input type="text"/>
		Date	<input type="text"/>