



CORPORATE ACCOUNT OPENING FORM



PHOTOGRAPH



PHOTOGRAPH

ACCOUNT NUMBER

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- ☐ ELITE MUTUAL FUND
☐ FINANCIAL INDEPENDENCE
☐ MUTUAL FUND

Purpose for investing:

Term/How long:

Source of Income:

CORPORATE PARTICULARS

Name of Company (Please write complete name as per Certificate of Incorporation/Registration)

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Date of Incorporation

			/				/				
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Date of Registration

			/				/				
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Country of Registration

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Registration Number

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Nature of Business

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Status (please tick)

- ☐ Limited Liability Company ☐ Partnership ☐ Association/Society and clubs ☐ Other (please specify)
☐ Government Institution ☐ Fund ☐ Company Limited by Guarantee

ADDRESS DETAILS

Postal Address

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Location

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Office Phone Number

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Fax Number

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Mobile Number

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Email Address

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Web Address

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OTHER DETAILS

Gross Annual turnover (Amount and Currency)

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Mandatory Certified Copies of Documents to be submitted, as Applicable (please tick against document attached)

- ☐ Certificate of Incorporation ☐ Certificate of Licence(s) issued by Regulator(s) of Company ☐ Partnership Deed
☐ Partnership Deed ☐ Board Resolution Authorizing Investment ☐ Authorized Signatory List with Specimen signature
☐ Other (please specify)

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PARTICULARS OF AUTHORIZED REPRESENTATIVES

FIRST REPRESENTATIVE INFORMATION

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other (please specify) <input type="text"/>		Identification Details <input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> NHIS ID <input type="checkbox"/> National ID <input type="checkbox"/> Voters ID <input type="checkbox"/> Other (Please specify) <input type="text"/> ID Number <input type="text"/> <input type="text"/> Issue Date <input type="text"/> <input type="text"/> Expiry Date <input type="text"/> <input type="text"/>
Surname <input type="text"/>	Mobile Number <input type="text"/>	
First name(s) <input type="text"/>	Telephone Number <input type="text"/>	
Other name(s) <input type="text"/>	Fax <input type="text"/>	
Nationality <input type="text"/>	Date of Birth <input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> female
Position <input type="text"/>		
Email Address <input type="text"/>		

SECOND REPRESENTATIVE INFORMATION

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other (please specify) <input type="text"/>		Identification Details <input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> NHIS ID <input type="checkbox"/> National ID <input type="checkbox"/> Voters ID <input type="checkbox"/> Other (Please specify) <input type="text"/> ID Number <input type="text"/> <input type="text"/> Issue Date <input type="text"/> <input type="text"/> Expiry Date <input type="text"/> <input type="text"/>
Surname <input type="text"/>	Mobile Number <input type="text"/>	
First name(s) <input type="text"/>	Telephone <input type="text"/>	
Other name(s) <input type="text"/>	Fax <input type="text"/>	
Nationality <input type="text"/>	Date of Birth <input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> female
Position <input type="text"/>		
Email Address <input type="text"/>		

INVESTMENT DETAILS

Initial Amount <input type="text"/>
Mode of Payment
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bankers Draft <input type="checkbox"/> Bank Transfer
<input type="checkbox"/> Other (please specify) <input type="text"/>

Account Holder' (s) Authorization/Signature(s):☐

One to Sign

☐

Two to Sign

By signing this form, I/We declare that I/We have read and understood the Product Document in Question and that I/We declare that all the information provided is true, accurate and correct as at the date given below. I/We instruct FFC to act based on this information, unless otherwise notified in writing by me/us. I/We authorize FFC to act on instructions relating to my/our account(s) received from the Authorized Signatory(ies).

Name of Signatory

Signature _____

Date

		/			/		
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Name of Signatory

Signature _____

Date

		/			/		
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FOR OFFICE USE ONLY

Name of Officer Setting-up Account

Signature _____

Date

		/			/		
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Name of Supervising Officer

Signature _____

Date

		/			/		
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