

**CORPORATE INVESTMENT APPLICATION FORM**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Date of Incorporation/Registration: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_

\_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

Telefax Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Registered Office Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Residential Telephone Numbers(s): \_\_\_\_\_ Telefax: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

**To: DE-LORDS SECURITIES LIMITED**

We hereby request you to open an Investment Account in the name of the afore-mentioned company and authorize you to honour all instructions and dispositions relating to the account signed by the authorised signing officials in accordance with the resolution of the Board of Directors/Trustees, a certified copy of which is attached hereto. Please also find enclosed herewith:

- i) Certificate of Incorporation of the Company or (as appropriate) Certificate evidencing Change of Name of Company or Certificate of Registration for inspection and return.
- ii) Certified true copy of the Memorandum and Articles of Association of the Company, amended up to date.
- iii) Specimen Signatures of the Directors, Secretary and/or other signing officials.

We agree that the set-off conditions received and signed by us shall apply as expressly set out therein, and we hereby declare that the information given is correct and is the basis for the opening of the Investment Account.

Yours faithfully,

**Authorised Signature:** \_\_\_\_\_  
*For and on behalf of (Company Name & Seal)*

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Remarks: \_\_\_\_\_

Relationship Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CORPORATE/BOARD RESOLUTION

We hereby certify that the Board of Directors of (a) \_\_\_\_\_

At a meeting of the Board held on the (b) \_\_\_\_\_

at (c) \_\_\_\_\_

\_\_\_\_\_

Passed the following resolution which was recorded in the Minute Book of the Company:

## RESOLVED

(I) That an Investment Account for the Company be opened with DE-LORDS SECURITIES Limited of **15B, Joseph Street, Eleganza Building (Pent Floor), Lagos Island, Lagos. P.O. Box. 9629, Marina, Lagos, Nigeria.**

(II) That DE-LORDS SECURITIES Ltd is hereby instructed and requested to honour and pay all orders, cheques, bills of exchange, promissory notes and negotiable instruments expressed to be made, issued, drawn or accepted on behalf of the Company and drawn upon or made payable, provided such documents are signed by:

(d) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signing Instructions: \_\_\_\_\_

\_\_\_\_\_

(III) That DE-LORDS SECURITIES is hereby requested and authorized to act on any instructions with regard to any transactions of the Company provided they are signed in the manner provided for in paragraph (ii) of this resolution.

(IV) That DE-LORDS SECURITIES has supplied with a copy of the Memorandum and Articles of Association of the Company and a list of the names and signatures of the Directors, Secretary and other officers and authorized officials in the Company.

(V) That this resolution be communicated to DE-LORDS SECURITIES and remain effective until duly rescinded and or modified by a subsequent resolution passed by the Board of Directors, a certified copy of which, signed by the Chairman and the Secretary, shall be communicated to De-Lords Securities Limited.

**Chairman:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Notes:** (a) Name of Company (b) Date of Meeting (c) Venue of Meeting (d) Mandate for operation of account.



Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**To: DE-LORDS SECURITIESLTD  
Eleganza House, Pent Floor,  
15B, Joseph Street, Lagos Island, Lagos.,  
P.O. Box 9629, Marina,  
Lagos, Nigeria.**

### **LETTER OF SET-OFF**

In consideration of your giving me/us financial accommodation and other facilities, I/we agree that in addition to any other general lien or similar right to which you as financiers may be entitled by law, that you may at any time and without notice to me/us combine or consolidate all or any of my/our investments with and liabilities to you and set-off or transfer any sum or sums standing to the credit of any one or more of such investments in or towards satisfaction of any of my/our liabilities to you on any other facilities or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

#### **Authorized Signatory**

**Name:**

**Designation:**

**Date:**

#### **Authorized Signatory**

**Name:**

**Designation:**

**Date:**

## REFERENCE

Date: \_\_\_\_\_

The Manager

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Name of Applicant: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch/Address: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

Authorized Signatory/ies:

(Include Sample signature) (1) \_\_\_\_\_

(2) \_\_\_\_\_

The above-named person/company has indicated his/her/their willingness to transact business with us and has given your name as his/her/their bankers.

We should be grateful if you would confirm, in confidence that the applicant is known to you and is a person/company to whom our services may be extended.

In your reply, kindly complete the form below.

Yours faithfully,

**DE-LORDS SECURITIES LIMITED**

.....

1.	Operates an Account?
----	----------------------

YES  NO

2.	Length of relationship (Please indicate number of years)
----	----------------------------------------------------------

--

3.	Type of Account maintained
----	----------------------------

--

4.	Performance
----	-------------

Active  Dormant

**Other Comments:** \_\_\_\_\_

Sign: \_\_\_\_\_

**DE-LORDS SECURITIES LIMITED**

**Our Ref. Investment Account**

**PRIVATE & CONFIDENTIAL**

**Date:** \_\_\_\_\_

**The Manager**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dear Sir/Madam,**

**The above named person has called at this office for the purpose of opening an Investment Account and has given your name as a referee.**

**We should be grateful if you would confirm, in confidence, that the applicant is known to you and is a person to whom the usual banking facilities may be safely extended.**

**We would want your reply to include the name and address of the bank with which you maintain a Current Account.**

**Yours faithfully,**

**DE-LORDS SECURITIES LIMITED**

**MANAGER**

\_\_\_\_\_

**The Manager  
De-Lords Securities Limited**

**Dear Sir,**

**I/We wish to introduce the above-named person who desires to open an Investment Account with you.**

**I/We have known the above-named person for \_\_\_\_\_ and I/We comment as follows:**  
(period)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My/Our current account is/are maintained with:** \_\_\_\_\_  
(Name & Address of Bank)

**Yours faithfully,**

\_\_\_\_\_

**NAME IN BLOCK LETTERS**

\_\_\_\_\_

**SIGNATURE**

**DE-LORDS SECURITIES LIMITED**  
**15B, Joseph Street, Eleganza Building (Pent Floor), Lagos Island, Lagos.**  
**P.O. Box 9629, Marina, Lagos, Nigeria.**  
**Tel: 234+1+2702533, 234+1+2646367**  
**Url: <http://www.delordsgroup.com>, Email: [info@delordsgroup.com](mailto:info@delordsgroup.com)**

**DOCUMENTS & FORM ATTACHED TO APPLICATION**

**CHECKLIST**

	YES	NO	WAIVED
1. SIGNATURE CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TWO (2) PASSPORT PHOTOGRAPHS OF EACH OF THE AUTHORISED SIGNATORIES STATING THEIR NAMES AND SIGNATURE BEHIND.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. COPY OF RECEIPTS FROM ANY PUBLIC UTILITY ISSUED WITHIN THE PREVIOUS THREE (3) MONTHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. REFERENCE FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CUSTOMER'S IDENTIFICATION <small>(Photocopy of Driver's License or relevant pages of International Passport)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR OFFICE USE ONLY**

Remarks: \_\_\_\_\_

Relationship Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operation Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Operations: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_