



COSCHARIS PLAZA, 2<sup>ND</sup> FLOOR, 68A ADEOLA ODEKU STREET, VICTORIA ISLAND, LAGOS

**KNOW YOUR CUSTOMER (KYC) APPLICATION FORM**

Please fill in **BLOCK LETTERS** (*All fields must be completed*)

**(CORPORATE CLIENTS/INSTITUTIONS ONLY)**

Name of Organization: .....

Address of Principal Place of Business Operations (*P.O.Box is not acceptable*).....

Mailing Address (*if different from above*).....

Telephone Number(s) .....

E-mail Address..... Fax Number.....

Nature/Purpose of Business.....

Contact Person: ..... Address.....

Phone Number(s) .....

***Additional documents to be provided:***

- |   | Yes | No  |
|---|-----|-----|
| 1- Certified copy of Certificate of Incorporation and Memorandum and Article of Association: Provided <sup>(1)*</sup> ?           | ( ) | ( ) |
| 2- Board Resolution to obtain an insurance policy and identification of Those who have such authority: Provided <sup>(2)*</sup> ? | ( ) | ( ) |
| 3- Identification of Directors, Trustees, Principal Officers: Provided <sup>(3)*</sup> ?  | ( ) | ( ) |

\*\*\*1, 2, 3 –Relevant copies must be submitted along with this form

Signature..... Date (*dd/mm/yr*) .....



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**“FOR OFFICIAL USE ONLY”**

I, \_\_\_\_\_ the relationship officer of:\_\_\_\_\_

\_\_\_\_\_ who is a customer of DAVISTHER BROKERS LIMITED do hereby certify that, to the best of my abilities/knowledge, I have carried out relevant verification to establish the identity, address and nature of the business of above named customer.

I also certify, to the best of my knowledge, that the above named applicant is engaged in (nature of business) \_\_\_\_\_

\_\_\_\_\_. It shall also be a continuing responsibility of mine to further notify the Clients Services Department of any relevant change in the customer’s business or address as soon as same is brought to my attention.

Name of Officer:\_\_\_\_\_ Designation:\_\_\_\_\_

Signature\_\_\_\_\_ Date (dd/mm/yr) \_\_\_\_\_