

ACCOUNT OPENING FORM (CORPORATE)

1. Company Details

Company Name	<input type="text"/>		
Date of Incorporation	DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>	Registration No.	<input type="text"/>
		Tax ID No.	<input type="text"/>
Registered Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Country	<input type="text"/>
Mailing Address	<input type="text"/>		
Phone Number(s)	<input type="text"/>		
	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		
Nature of Business	<input type="text"/>		
Bank Details:	Bank	<input type="text"/>	Bank Verification No.
			<input type="text"/>
Account Name	<input type="text"/>	Account No.	<input type="text"/>
Account Opening Date	DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>	Branch	<input type="text"/>
		Source of Funds	<input type="text"/>

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	<input type="text"/>		
Contact Names for Notifications	<input type="text"/>		
1. Primary Contact's Name	<input type="text"/>		
	Email	<input type="text"/>	Phone
		<input type="text"/>	<input type="text"/>
2. Secondary Contact's Name	<input type="text"/>		
	Email	<input type="text"/>	Phone
		<input type="text"/>	<input type="text"/>

2. Account Type

Kindly indicate your preferred account type

- Collective Investment Schemes
- Fixed Income
- Foreign Currency Investments
- Investment Plans
- Separately Managed Accounts
- Stockbroking; Existing CHN?
- Others

Fill your CHN here where applicable

Please specify

Signature of Director and
Official Seal of Company

Signature of Company
Secretary

3. Portfolio Management (For Asset Management Clients Only)

Separately Managed Accounts

Discretionary Portfolio Management Account Non-Discretionary Portfolio Management Account

Investment Plans

Balanced Conservative Ethical Growth Guaranteed Others → Please specify

4. Domiciliary Bank Account (Where applicable)

Currency USD GBP Others → Please specify

Account Name

SwiftCode

Correspondent Bank:

SwiftCode

Routing /Sort Code

Account No

IBAN (Where applicable)

For Further Credit:

Beneficiary Account Name

Beneficiary Account No

Beneficiary Address

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"/>	8. Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
2. 1 (One) Passport Photograph of each Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>	9. Memorandum & Articles of Association	<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"/>	10. Form CAC 2 (Return of Allotment of Shares)	<input type="checkbox"/>	<input type="checkbox"/>
4. Completed "Individual Details" form for each Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>	11. Form CAC 3 (Notice of Situation /Change of Registered Address)	<input type="checkbox"/>	<input type="checkbox"/>
5. Signed Stockbroking Agreement	<input type="checkbox"/>	<input type="checkbox"/>	12. Form CAC 7 (Particulars of Directors)	<input type="checkbox"/>	<input type="checkbox"/>
6. Completed Investor Profile Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	13. Board Resolution appointing CardinalStone as Stockbrokers or Fund Manager	<input type="checkbox"/>	<input type="checkbox"/>
7. Signed Portfolio Management Agreement	<input type="checkbox"/>	<input type="checkbox"/>	14. Board Resolution confirming Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>
			15. Bank Verification number	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Additional Information

Date of Account Opening DD MM YY

Account No

Relationship Manager

Signature

Authorising Officer

Signature