

TransAfrica Financial Services Ltd

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)
AIICO PLAZA (2nd floor) plot 12 Afribank street,
P.O.BOX 73023, Victoria Island, Lagos, Nigeria.
Tel:(235)-1-4618932,4711261,fax (234)-1-4618932

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):-----

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 sign by the authorized 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:

Certificate of incorporation of the company or (as appropriate) Certificate evidencing change of Name of company or certificate of Registration for inspection and return.

Certified true copy of the memorandum and Articles of Association of the company, amended up to date.

Specimen Signature of the Directors, Secretary and /or other signing officials.

We agree that the set-off conditions received and are the basis for the opening of the Investment Account.

Yours faithfully,

Authorized Signature: -----
For and on behalf of (Company Name & Seal)

NAME: -----Designation-----Date: -----

FOR OFFICE USE ONLY

Remarks: -----

Relationship Officers Name: -----Signature-----Date-----

Approving Officers Names: -----Signature-----Date: -----

Short Name: -----Account Code: -----

CORPORATION/ 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 was recorded in the Minute Book of the company:

RESOLVED

That an Investment Account for the company be opened with TransAfrica Financial Services Limited

That TransAfrica Financial Services Limited is hereby requested and authorized to act on any instructions with regard to the Company provided such documents are signed by:

Signing Instruction: -----

That TransAfrica Financial Services be supplied with a copy of the Memorandum and Article 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.

That this resolution be communicated to TransAfrica Financial Services 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 first Securities Discount House.

Chairman: -----

Secretary: -----

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

Please note that verification of account –opening documents for off-shore investors include the following:

- An original utility bill
 - The identification document (international passport, driver’s license, etc)
- Certified by a notary public in the country of residence of the investor.