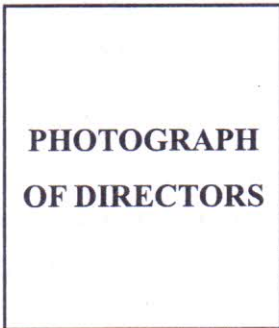


ACCOUNT OPENING FORM (Corporate)



CORPORATE CLIENT INFORMATION

Company Name: _____

Particulars of Director's

Name: (a) _____

Address: _____

Telephone: _____

Name: (b) _____

Address: _____

Telephone: _____

Name: (c) _____

Address: _____

Telephone: _____

Contact Person & Phone No: _____

R/C Reg. No: _____ Date of Registration / /
 (DD-MM-YYY)

Registered Address: _____

Current Address: _____

(Attach Utility Bill as evidence)

Company's E-mail: _____ Company's Website: _____

BANK ACCOUNT DETAILS:

Bank Name: _____ Branch: _____

Account Name: _____ Account Number: _____

Bank Sort Code: _____ A/C Opened _____

(DD-MM-YYYY)

SIGNATURE MANDATE

"A" CLASS

"B" CLASS

Name: _____	Name: _____
SIGNATURE: _____	SIGNATURE: _____
Name: _____	Name: _____
SIGNATURE: _____	SIGNATURE: _____
Name: _____	Name: _____
SIGNATURE: _____	SIGNATURE: _____

Signing Instruction / Mandate _____

CAVEAT EMPTOR

Investment in the Capital Market can be volatile and high risk and are best recommended as long term investments. FCSL Asset Management (and any of its legal representatives) shall not be liable for any direct, indirect, incidental, special or consequential damage that may occur as a result of any investment made therein. FCSL affirms that we shall offer our best services to our clients at all times. HOWEVER we shall bear no liability for any loss occasioned as a result of any investment made in capital market except where it can be proved that same was occasioned by negligence on the part of the COMPANY.

WE HAVE READ AND UNDERSTOOD THE STATEMENT ABOVE AND WISH TO ENTER INTO A BUSINESS RELATIONSHIP WITH THE COMPANY:

AUTHORISED SIGNATORY / DIRECTOR

SECRETARY

SEAL / STAMP

FOR OFFICE USE ONLY

Above Address Verified by: _____
(Name, Sign & Date)

DOCUMENTATION CHECK LIST

Corporate:

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Certificate of incorporation | <input type="checkbox"/> | 5. Signatory List | <input type="checkbox"/> |
| 2. Form CAC 2 | <input type="checkbox"/> | 6. Means of Identification and Passport | |
| 3. Form CAC 7 | <input type="checkbox"/> | Photographs of Signatories | <input type="checkbox"/> |
| 4. Memorandum & Articles of Association | <input type="checkbox"/> | 7. Utility Bill of Directors | <input type="checkbox"/> |
| | | 8. Utility Bill of Company | <input type="checkbox"/> |

The applicant(s) was/were interviewed by me via by telephone/in person (indicate as appropriate)

I recommend that aAccount be opened as requested.

Relationship Officer's Name:.....Signature:..... Date:.....

Head of Unit's Name:.....Signature:..... Date:.....

Executive Management Remarks:

.....
.....