

ACCOUNT OPENING FORM (CORPORATE)

1. Company Details																
Company Name																
Date of Incorporation	DD MM YY Registration No			0	Tax ID No											
Registered Address																
City			Sta	ate			Сс	ountry	/							
Mailing Address																
Phone Number(s)						Fax										
Email																
Nature of Business																
Bank Name					Bank Ver	ification No)									
Account Name					Acc	ount No				•						
Account Opening Date	DD MM YY		Branch	1			Sourc	e of F	unds	S		•	•	•		•
Authorized Signatories for	Oral and Email I	Manda	ites													
Authorized Signatories for S/N NAME	Oral and Email I	Manda	ites	РНС	NE NUMB	BER	EN	ΛAIL .	ADD	RES	SS					
	Oral and Email I	Manda	ntes	РНС	NE NUMB	BER	EN	ΛAIL .	ADD	RES	SS					
	Oral and Email I	Manda	ntes	РНО	DNE NUMB	BER	EN	MAIL .	ADD	RES	SS					
	Oral and Email I	Manda	ntes	PHO	ONE NUME	BER	EN	MAIL .	ADD	RES	SS					
	Oral and Email	Manda	ntes	PHO	ONE NUME	BER	EN	MAIL .	ADD	RES	SS					
S/N NAME			ntes	РНО	ONE NUME	BER	EN	MAIL A	ADD	RES	SS					
S/N NAME Authorized Signatories for S			ates	PHO	ONE NUME					RES	SSS					
S/N NAME			ntes	PHO	ONE NUME	SIGNAT				RES	SS					
S/N NAME Authorized Signatories for S			intes	PHO	ONE NUME					RES	SS					
S/N NAME Authorized Signatories for S			ntes	PHO	ONE NUMB					RES	SS					
S/N NAME Authorized Signatories for S			ntes	PHO	ONE NUMB					RES	SS					
S/N NAME Authorized Signatories for S			ntes	PHO	ONE NUME					RES	SS					

2. Account Type						
Kindly indicate your prefe	erred account type					
Collective Investment Scho	emes					
Fixed Income						
Foreign Currency Investme	ents					
Investment Plans						
Separately Managed Acco	ounts					
Trust Services						
Stockbroking; Existing CHN	N? Fill your CHN here v	vhere applicable		nature of Director and icial Seal of Company		ture of Company Secretary
Others	Please specify					
	<i>(</i>					
	(For Asset Management Client	ts Only)				
Separately Managed Acco						
Discretionary Portfolio Ma	anagement	Non-Disci	retionary Por	tfolio Manageme	ent	
Investment Plans						
Balanced Conserv	rative Ethical	Growth	Guara	nteed (Others Pleas	e specify
4. Trust Services (For Trus	stees Clients Only)					
4. Trust Services (For Trus Corporate Trust	stees Clients Only)					
	stees Clients Only) Custody Ser	vices		Private Tru	ust	
Corporate Trust		vices		Private Tru	ust	
Corporate Trust Debenture Trust Public Trust	Custody Ser	vices state Investmen	t Trust	Private Tru Others	ust Please specify	
Corporate Trust Debenture Trust Public Trust	Custody Ser		t Trust			
Corporate Trust Debenture Trust Public Trust	Custody Ser st Scheme Real Es			Others		
Corporate Trust Debenture Trust Public Trust	Custody Ser st Scheme Real Es	state Investmen		Others		
Corporate Trust Debenture Trust Public Trust	Custody Ser st Scheme Real Es	state Investmen		Others		Asset Distribution Proportion (%)
Corporate Trust Debenture Trust Public Trust Bonds Unit Trust	Custody Ser st Scheme Real Es	state Investment Y DETAILS — Fo	r Trustees (Others	Please specify Phone	Asset Distribution Proportion
Corporate Trust Debenture Trust Public Trust Bonds Unit Trust	Custody Ser st Scheme Real Es	state Investment Y DETAILS — Fo	r Trustees (Others	Please specify Phone	Asset Distribution Proportion
Corporate Trust Debenture Trust Public Trust Bonds Unit Trust	Custody Ser st Scheme Real Es	state Investment Y DETAILS — Fo	r Trustees (Others	Please specify Phone	Asset Distribution Proportion
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Corporate Trust Debenture Trust Public Trust Bonds Unit Trust	Custody Ser st Scheme Real Es	state Investment Y DETAILS — Fo	r Trustees (Others	Please specify Phone	Asset Distribution Proportion

Currency USD GBP Others Please specify Account Name	
Account Name	
Swift Code	
Correspondent Bank:	
Swift Code	
Routing No/Sort Code	
Account No	
IBAN (Where applicable)	
For Further Credit:	
Beneficiary Account Name	
Beneficiary Account No	
Beneficiary Address	
FOR OFFICE USE ONLY	
	Waived
Account opening requirement checking.	
1. Completed Account Opening Form 8. Certificate of Incorporation	
2. 1 (One) Passport Photograph of each Authorised Signatory 9. Memorandum & Articles of Association	
10. Form CAC 2 (Return of Allotment of Shares) 3. Copy of Identification of Authorised Signatories	
(Int. Passport, Driver's License or National ID) 11. Form CAC 3 (Notice of Situation /Change of Registered Address)	
4. Completed "Individual Details" form for each Authorised Signatory 12. Form CAC 7 (Particulars of Directors)	
5. Signed Stockbroking Agreement 13. Board Resolution appointing CardinalStone as Stockbrokers or Fund Manager	
6. Completed Investor Profile Questionnaire 14. Board Resolution confirming Authorised Signatories	
7. Signed Portfolio Management Agreement 15. Bank Verification Number	
Comments/Additional Information	
Date of Account Opening DD MM YY Account No	
Relationship Manager Signature	
Authorising Officer Signature	