

SOLID-ROCK SECURITIES & INVESTMENT LIMITED
2/4, Customs Street, Stock Exchange House (18th Floor), Lagos Island, Lagos.
P.O. Box 1148, Ikeja, Lagos, Nigeria.
Tel: 234+1+2666813, 234+1+2660408
Url: <http://www.solidrocksecng.com>, Email: info@solidrocksecng.com

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): _____

Residential Telephone Numbers(s): _____ Telefax: _____

Email: _____ Occupation: _____

To: SOLID-ROCK SECURITIES & INVESTMENT LIMITED

We hereby request you to open an Investment Account in the name of the afore-mentioned company and authorize you to honor all instructions and dispositions relating to the account signed 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:

- i) Certificate of Incorporation of the Company or (as appropriate) Certificate evidencing Change of Name of Company or Certificate of Registration for inspection and return.
- ii) Certified true copy of the Memorandum and Articles of Association of the Company amended up to date.
- iii) Specimen Signatures of the Directors, Secretary and/or other signing officials.

We agree that the set-off conditions received and signed by us shall apply as expressly set out therein, and we hereby declare that the information given is correct and is 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 Officer's Name: _____ Signature: _____ Date: _____

Approving Officer's Name: _____ Signature: _____ Date: _____

CORPORATE/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 which was recorded in the Minute Book of the Company:

RESOLVED

(I) That an Investment Account for the Company be opened with SOLID-ROCK SECURITIES & INVESTMENT LIMITED of **2/4, Custom Street, Stock Exchange House (18th Floor), Lagos Island, Lagos. P.O. Box. 1148, Ikeja, Lagos, Nigeria.**

(II) That SOLID-ROCK SECURITIES & INVESTMENT LIMITED is hereby instructed and requested to honor and pay all orders, cheques, bills of exchange, promissory notes and negotiable instruments expressed to be made, issued, drawn or accepted on behalf of the Company and drawn upon or made payable, provided such documents are signed by:

(d) _____

Signing Instructions: _____

(III) That SOLID-ROCK SECURITIES & INVESTMENT LIMITED is hereby requested and authorized to act on any instructions with regard to any transactions of the Company provided they are signed in the manner provided for in paragraph (ii) of this resolution.

(IV) That SOLID-ROCK SECURITIES & INVESTMENT LIMITED has supplied with a copy of the Memorandum and Articles 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.

(V) That this resolution be communicated to SOLID-ROCK SECURITIES & INVESTMENT LIMITED 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 SOLID-ROCK SECURITIES & INVESTMENT LIMITED.

Chairman: _____

Secretary: _____

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

Address: _____

Date: _____

**TO: The Managing Director,
Solid-Rock Securities &
Investment Limited,
Level 18, Stock Exchange House,
2/4, Customs Street, Tinubu,
Lagos –Island, Lagos.**

LETTER OF SET-OFF

In consideration of your giving me/us financial accommodation and other facilities, I/we agree that in addition to any other general lien or similar right to which you as financiers may be entitled by law, that you may at any time and without notice to me/us combine or consolidate all or any of my/our investments with and liabilities to you and set-off or transfer any sum or sums standing to the credit of any one or more of such investments in or towards satisfaction of any of my/our liabilities to you on any other facilities or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signatory

Authorized Signatory

Name:

Name:

Designation:

Designation:

Date:

Date:

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REFERENCE

Date: _____

The Manager _____

Re: Name of Applicant: _____

Name of Bank: _____

Branch/Address: _____

Account Numbers: _____

Authorized Signatory/ies:

(Include Sample signature) (1) _____

(2) _____

The above-named person/company has indicated his/her/their willingness to transact business with us and has given your name as his/her/their bankers.

We should be grateful if you would confirm, in confidence that the applicant is known to you and is a person/company to whom our services may be extended.

In your reply, kindly complete the form below.

Yours faithfully,
 SOLID-ROCK SECURITIES & INVESTMENT LIMITED

1.	Operates an Account?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2.	Length of Relationship (Please indicate number of years)	<input style="width: 100%;" type="text"/>			
3.	Type of Account Maintained	<input style="width: 100%;" type="text"/>			
4.	Performance	ACTIVE	<input type="checkbox"/>	DORMANT	<input type="checkbox"/>

Other Comments: _____

Sign: _____

SOLID-ROCK SECURITIES & INVESTMENT LIMITED

URL: <http://www.solidrocksecng.com>, Email: info@delordsgroup.com

Our Ref. Investment Account

PRIVATE & CONFIDENTIAL

Date: _____

The Manager

Dear Sir/Madam,

The above named person has called at this office for the purpose of opening an Investment Account and has given your name as a referee.

We should be grateful if you would confirm, in confidence, that the applicant is known to you and is a person to whom the usual banking facilities may be safely extended.

We would want your reply to include the name and address of the bank with which you maintain a Current Account.

Yours faithfully,

SOLID-ROCK SECURITIES & INVESTMENT LIMITED

MANAGER

The Manager
Solid-Rock Securities & Investment Limited

Dear Sir,
I/We wish to introduce the above-named person who desires to open an Investment Account with you.

I/We have known the above-named person for _____ and I/We comment as follows:
(period)

My/Our current account is/are maintained with: _____
(Name & Address of Bank)

Yours faithfully,

NAME IN BLOCK LETTERS

SIGNATURE

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DOCUMENTS & FORM ATTACHED TO APPLICATION

	CHECKLIST		
	YES	NO	WAIVED
1. SIGNATURE CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TWO (2) PASSPORT PHOTOGRAPHS OF EACH OF THE AUTHORISED SIGNATORIES STATING THEIR NAMES AND SIGNATURE BEHIND.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. COPY OF RECEIPTS FROM ANY PUBLIC UTILITY ISSUED WITHIN THE PREVIOUS THREE (3) MONTHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. REFERENCE FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CUSTOMER'S IDENTIFICATION (Photocopy of Driver's License or relevant pages of International Passport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FOR OFFICE USE ONLY

Remarks: _____

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

Approving Officer's Name: _____ Signature: _____ Date: _____

Operation Officer's Name: _____ Signature: _____ Date: _____

Head of Operations: _____ Signature: _____ Date: _____