

Kakawa Discount House Limited
NAL Towers, 10th Floor
20 Marina
P. O. Box 4238
Marina, Lagos
Direct 2601516, 2601517, 2601519
Phone 2645480-5 (6 lines)
Fax 2645500, 2645501
Website www.kakawa.com
E-mail kdh@kakawa.com

Abuja

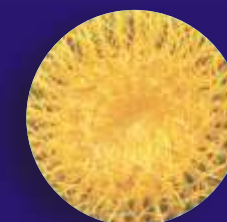
Guaranty Trust Bank Building
Plot 1072, Faskeri/J. S. Tarka Road
P. O. Box 1611
Garki, Area 3
Abuja
Phone (09)-2347778, 2347816
Fax (09)-2347779

Port Harcourt

First Bank of Nigeria Plc Building
22/24 Aba Road
Port Harcourt
Phone (084)-237650
Fax: (084) 237415

Kakawa Discount House Limited

Corporate Investment Account



ACCOUNT OPENING REQUIREMENT

1 Completed Application Forms.

2 2 Passport Photographs of Signatories with full Names and Signatures on the rear side.

3 2 Reference Forms. (Where applicable)

4 Photo Identification of all signatories (Driver's Licence, International Passport, Notary Certificate or National Identity Card).

5 Copy of Certificate of Incorporation.

6 Copy of Certified True Copy of Memorandum and Articles of Association.

7 Executed Company Mandate.

8 Duly completed Signature Cards

9 Certified True Copy of Particulars of Directors (i.e copy of Form CO7).

10 Board Resolution

11 Search Report

Name of Company _____
Registration Certificate Number / Date _____
Registered Address _____

Mailing Address _____

Telephone _____ E-mail _____ Fax _____
Main Line of Business _____ Nationality of Business (Indigenous, Foreign or Mixed) _____
Equity Structure (Schedule) _____ Estimated Annual Turnover (¥) _____

■ Management (Executive)

1. Name	_____	Title	_____
2. Name	_____	Title	_____
3. Name	_____	Title	_____
4. Name	_____	Title	_____
5. Name	_____	Title	_____

■ Accounts with other banks

1. Name of Bank	_____	Account Name	_____
Address	_____		
2. Name of Bank	_____	Account Name	_____
Address	_____		
3. Name of Bank	_____	Account Name	_____
Address	_____		
4. Name of Bank	_____	Account Name	_____
Address	_____		
5. Name of Bank	_____	Account Name	_____
Address	_____		

■ References

1. Name	_____	Business/Occupation	_____	Bankers	_____
Address	_____				
2. Name and Address	_____	Business/Occupation	_____	Bankers	_____
Address	_____				

We wish to open an investment account and confirm that the above are true.

_____	_____	_____
Authorised Signature / Date	Authorised Signature / Date	Authorised Signature / Date



Name of Company _____
 Registered Address _____

 Mailing Address _____
 RC No. _____

Date _____

To: Kakawa Discount House Limited

Gentlemen,

Please be informed that at the meeting of the above named company held on _____ the following resolutions were passed:

1 That an account be opened in the name of the Company with Kakawa Discount House Limited "Kakawa" with the underlisted persons as signatories in line with mandate specified in the enclosed signature cards.

a. _____ c. _____
 b. _____ d. _____

2 That Kakawa is hereby authorised to debit the above account with the usual banking charges, interest, commissions, legal fees etc and we hereby acknowledge that any sum standing to the debit of the Investment Account shall be liable to interest charges at a rate fixed by Kakawa from time to time.

3 We hereby agree in addition to any general lien to which you may be entitled as Bankers, you may at any time and without notice to us combine or consolidate all or any of the Company's account with you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credits, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to the company with you in or towards satisfaction of any of the company's liabilities to you on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral or several or joint.

4 That Kakawa is hereby authorised to honour all cheques, bills, promissory notes, acceptances, receipts, releases, guarantees or indemnities and generally accept all instructions provided same are executed by the above named signatories.

INDEMNITY FOR HONOURING FUNDS TRANSFER INSTRUCTIONS AND FOR ACCEPTING THIRD PARTY CHEQUES.

5 We are fully aware that funds transfer instructions in respect of this account shall be by our letter duly signed according to mandate and we hereby acknowledge that the use of facsimile, untested telexes, photocopied letters, electronic mails (on letter head or otherwise) or other unsecured means of communication to convey instructions for funds transfers or any other such instructions not backed by duly signed original letter from us that will lead to the debit or credit, as the case may be, of our account is associated with additional risks and fraud exposure.

6 In consideration of Kakawa Discount House Limited agreeing to accept and act upon any such instructions, communication and documents by facsimiles, untested telexes, electronic mails or photocopied letters issued according to our mandate and unaccompanied by original copy of our duly signed letter, we hereby irrevocably undertake to indemnify Kakawa and hold it harmless from and against all costs, (including but without limitation to) legal fees and expenses, claims, losses, liabilities, damages and proceedings whatsoever that Kakawa may suffer or incur or that may arise as a result of Kakawa's accepting or acting upon such instructions, communications or documents.

7 Furthermore, we hereby irrevocably release Kakawa from all liability, loss and damages in the event that any untested telex or facsimile transmission, electronic mail or photocopied letter is not received or is mutilated, illegible or interrupted, duplicated, incomplete, unauthorized or delayed for any reason, or in the event that termination of the investment with Kakawa is duly made by us in accordance with the mandate but contrary to any law or regulation presently in force.



8 Kakawa shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, untested telex, electronic mails or photocopied letters unaccompanied by a duly signed original copy of a letter issued by us and / or to request verification of documents received by such means.

9 Also, in consideration of Kakawa issuing or accepting third party cheques and/or drafts from time to time, at our request, we hereby irrevocably undertake that we shall fully indemnify Kakawa against all losses, expenses, costs, damages or otherwise, that may occur as a result of the issuance or acceptance of the said third party cheques and / or drafts provided that Kakawa is under no obligation to accept third party cheques and/or drafts and may at its absolute discretion refuse to accept third party cheques and/or drafts.

10 In consideration of your redeeming our investment in your Promissory Note/Treasury Bill Certificate to be issued from time to time, we hereby undertake to hold you harmless and keep you indemnified from all losses, costs or damages you may sustain, or be put to by reason of your paying on the said Promissory Note/Treasury Bill Certificate, or by reason of the said original Note or Certificate being at any time found or presented for payment and against all claims and demands which may be made in respect thereof.

We undertake further to return to you the original Note or Certificate should it be found by us or again come into possession at anytime thereafter.

We fully understand and agree that Kakawa shall not be liable for any loss or damages sustained by us by reason of the operation of the account provided such loss or damages was not caused or facilitated by Kakawa or any of its staff acting on its behalf.

IT IS HEREBY AGREED AS FOLLOWS:

- 11
- (a) Kakawa will from time to time invest funds placed by you in Commercial Papers (hereinafter referred to as "the Investment") of various registered Companies in Nigeria.
 - (b) The Company hereby authorises Kakawa to maintain safe custody of the Commercial Paper Note(s), (hereinafter referred to as "the Instrument") on its behalf for the tenor of the investment.
 - (c) The Company agrees that this Agreement is limited to the custody of the instrument(s). It does not imply or include recourse for the value or worth of the instruments.
 - (d) The Company agrees that the repayment of the investment is to be made by the Companies in which the investment is made, through the agent, Kakawa.
 - (e) Kakawa agrees that in the event of loss or destruction of the instrument under circumstances not due to the lack of diligence or care on the part of Kakawa, the issuers of the instrument will repay the Company the value of the instrument upon proper identification of evidence of title to the instrument(s).
 - (f) The Company agrees and understands that the commitment of Kakawa to maintain custody of the instrument is limited to the foregoing conditions only and no further commitment is intended, whether expressed or implied.

12 That the above resolutions/mandate shall remain valid and in force until rescinded by notice in writing under the seal of the Company by the Board of Directors.



Reference Form



Reference Form



The Manager
Kakawa Discount House Limited
NAL Towers (10th Floor)
20, Marina
Lagos.

Dear Sir,

Name(s) of Prospective New Customer(s)

I / We understand that the above named person(s) has/have applied to open an Investment Account with you.

I / We have known the above named company for

and I / We comment on its reputation:-

CAUTION! IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

I / We also confirm that the applicant is a person/are persons to whom the usual banking facilities may be extended. I / We maintain current account(s) with

Referee's Name(Coy.)

Names of banks

and the account number(s) is/are

We authorise you to contact the above named bankers for the purpose of verifying our standing and the status of our account with them.

Yours faithfully

Name (in block letters)



The Manager
Kakawa Discount House Limited
NAL Towers (10th Floor)
20, Marina
Lagos.

Dear Sir,

Name(s) of Prospective New Customer(s)

I / We understand that the above named person(s) has/have applied to open an Investment Account with you.

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We authorise you to contact the above named bankers for the purpose of verifying our standing and the status of our account with them.

Yours faithfully

Name (in block letters)



DATED THIS..... DAY OF....., 2.....

Signature of Customer & Date _____

Director's Name in full _____

Director's Signature _____

Director or Secretary's Name in full _____

Director or Secretary's Signature _____

Company Seal

*If the account is to be operated by a Sole Signatory, above Resolutions MUST be signed by at least ONE OTHER DIRECTOR apart from the person appointed as Sole Signatory.



Please tick as appropriate	Deferrals (1 Month)	Waiver	Date Received	Basis of Deferral/Waiver
Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Passport Photographs of Signatories	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Proof of Identity (any of the following)				
Notary's Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
International Passport	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
International Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
National I.D.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Signature Mandate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Company Mandate Executed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Search Report	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Reference Form(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Form CO7 (Particulars of Directors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Memo and Articles of Association	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



I / We confirm that all documents necessary for opening of account have been received, checked and found to be in order.

Signature of Relationship Officer _____ Date _____

Business Manager's Signature _____ Date _____

CAD Signature _____ Date _____



Signature Card



Signature Card



Name (in block letters) _____

Account Number _____

Date Account Opened _____

Name	Specimen Signature	Title	Class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mandate (Authorised Combination) _____

Please affix passport photograph

Name (in block letters) _____

Account Number _____

Date Account Opened _____

Name	Specimen Signature	Title	Class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mandate (Authorised Combination) _____

Please affix passport photograph