



REWARD INVESTMENTS & SERVICES LIMITED

CUSTOMER DATA UPDATE FORM (CORPORATE)

Kindly complete and return this form along with photocopies of the underlisted documents. This is to enable us update your record to serve you better.

(A) DOCUMENTS FOR SUBMISSION

- (1.) Valid International Passport/Driver's Licence/National ID Card of Directors/Signatories (at least two)
- (2.) Certified True copies of Form Co2 and Co7
- (3.) Utility bill of all Directors
- (4.) 2 recent passport photographs of all Directors
- (5.) Memorandum & Articles of Association
- (6.) Evidence of CAC registration of business name (for Private firm)
- (7.) Board Resolution for opening of account

(B) PARTICULARS OF ACCOUNT

Account Name:.....

Nature of Business:.....Date of Incorporation :..... RC Number:.....

Financial Year End:..... Authorized Capital:..... Paid Up Capital:.....

Shareholder's Fund:.....Registered Address:.....

City:..... State:..... Telephone Number(s):.....

Operating Base:.....

City:..... State:..... Telephone Number(s):.....

E-mail Address/Website:.....

Contact Name:.....

Contact Phone Number(s):.....

Contact E-mail:..... Contact Designation:.....

Bank(s):.....Branch:.....Account No:.....

Tax Identification No (TIN):.....

(C) DIRECTORS:

1. Name:.....

Residential Address:.....

Date of Birth:.....State of Origin:.....

LGA of Origin:..... Geo-Political Zone:..... Nationality:.....

Email Address:..... Telephone Number(s).....

Identification: Type:.....ID Number:.....

Issue Date:..... Expiry Date:.....

Name of Next of Kin/ Address:.....

.....
2. Name:.....
Residential Address:.....
Date of Birth:.....State of Origin:.....
LGA of Origin:..... Geo-Political Zone:..... Nationality:.....
Email Address:..... Telephone Number(s).....
Identification: Type:.....ID Number:.....
Issue Date:..... Expiry Date:.....
Name of Next of Kin/ Address:.....
.....

3. Name:.....
Residential Address:.....
Date of Birth:.....State of Origin:.....
LGA of Origin:..... Geo-Political Zone:..... Nationality:.....
Email Address:..... Telephone Number(s).....
Identification: Type:.....ID Number:.....
Issue Date:..... Expiry Date:.....
Name of Next of Kin/ Address:.....
.....

(D) CERTIFICATION

We certify that the above particulars are true and correct

Name:..... Signature & Date:.....

Name:..... Signature & Date:.....

NOTE:

Kindly supply the same information on a separate sheet if Directors/Signatories are more than the three(3) provided

FOR OFFICE USE ONLY

Verified By:..... Date:.....

Approved By:..... Date:.....

