



CASHCRAFT®
Asset Management Limited
RC 170375

Passport Photo

Member name:

CAM

Client Type

Date of Registration

yyyy/mm/dd

Company Name

RC Number:

Contact Person Name

Address Line1

Address Line2

Address Line3

Country of Residence

State /Local Govt of residence

Email Address:

Confirm Email Address:

Alternative email:

Bank Name:

BVN Number:

Bank Account No.:

Confirm Bank Account No.

Account Name:

Sort Code:

Date of creation of bank account:

yyyy/mm/dd

Clearing House Number (CHN)

Phone Number:

Request date:

yyyy/mm/dd

Signature:

The following documents must accompany this form:

**Certified true copy of Memorandum and Articles of Association * Copy of recent Utility Bill *Copy of valid ID card of Directors*

IMPROPERLY FILLED FORMS WOULD NOT BE PROCESSED