

PROPOSAL FORM



Corporate

A. CORPORATE DETAILS

1 Organisation/Company Name			
2 Date of Incorporation	D D M M Y Y Y Y	Place of Incorporation	
3 Date of Commencement of Business	D D M M Y Y Y Y		
4 RC Number		Tax Identification No (TIN)	
5 Business Telephone Number			
6 Business/Office Address			
	City	State	
7 Risk Information (Where Applicable)	Risk Address/Description of Item for Insurance:		
	Value of Property:		
8 Email Address			
9 Type of Insurance(s)			
10 Industry Sector		Web Site	
11 Status (Please tick as applicable)			

<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Religious Organizations
<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Educational Institutions
<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Sector
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> NGOs & Charity Organizations
<input type="checkbox"/> Clubs and Societies	<input type="checkbox"/> Others (Specify) <input style="width: 100px;" type="text"/>

B. PRINCIPAL CONTACT PERSON

12 Name of Contact Person			
13 Designation			
14 Telephone No.		Email	

C. BANK DETAILS

	Name of Bank	Address	Account Number
15			
16			
BVN			

D. SOURCES OF FUND

<input type="checkbox"/> Operation/Trading	<input type="checkbox"/> Investment/Dividends	<input type="checkbox"/> Finance/Loans
<input type="checkbox"/> Others (Please provide full details):		

E. POLITICALLY EXPOSED PERSON STATUS:

Please specify if any of the below has once held a political office Yes NO

<input type="checkbox"/> Authorised Signatories	<input type="checkbox"/> Senior Management	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Majority Shareholders
<input type="checkbox"/> Partners	<input type="checkbox"/> Beneficial Owners	<input style="width: 400px;" type="text"/>	

If Yes, please specify details of the person (i.e. Name & Title)
These are individuals who are or have been entrusted with prominent public functions in Nigeria and/or foreign countries and people (individuals, family members or close associates)/entities associated with them.

F. ADDITIONAL INFORMATION

17	Name of Principal beneficial Owners (Natural or Legal Person (s) who ultimately own Company's asset, on whose behalf a transaction is being conducted and/or who exercise ultimate effective control over the Company)	
18	Majority Shareholders (Persons who own 5% shares or more)	
	Shareholder	Percentage (%)
	1	
	2	
	3	
	4	
19	Approximate size of annual turnover (N)	
20	Does Company belong to a regulated industry? If so, state regulatory body.	

G. DECLARATION

I/We hereby declare that the details furnished above are true, accurate and complete. I/We undertake to inform you of any changes therein.

Name _____

Signature of the Authorised Signatory _____

Date

D	D	M	M	Y	Y	Y	Y
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Please Attach the following Documents;

- Certificate of Incorporation (For Private and Public Limited Companies)
- Form C02 -Shares Allotment Form, (For Private Limited Companies Only)
- Form C07-Particulars of directors, (For Private Limited Companies Only)

Special type of Client (Charitable / Religious / Sports / Co-op)

- Copy of letter of approval from relevant Ministry for Trusts, Societies, etc.
- Certificate of Incorporation and / or CR copy, as applicable or any other equivalent legal document to prove the legal form and nature of business
- Trust deed (for Trusts)
- ID copy of Authorized Signatory / Authorized Representative

Authorised Signatory

Date

D	D	M	M	Y	Y	Y	Y
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*Please note that Stanbic IBTC insurance Brokers operate a "No Cash Collection" policy