



CLIENT PERSONAL INFORMATION

All information is treated as confidential and may be required by the Securities & Exchange Commission and/or the Nigerian Stock Exchange

Account Type*:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Holders	<input type="checkbox"/> Estate	Date (DD / MM / YYYY)	<input type="text"/>				
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Others	<input type="text"/>
Surname:	<input type="text"/>			Other Names:	<input type="text"/>		Maiden Name*:	<input type="text"/>	
ID TYPE:	<input type="checkbox"/> International Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> National ID	<input type="checkbox"/> Others (please specify)		<input type="text"/>			
Expiry Date	<input type="text"/>		ID Number	<input type="text"/>		Date of Birth:	<input type="text"/>		
Customer Phone Number*:	<input type="text"/>			Office Phone Number*:	<input type="text"/>				
Postal Address*:	<input type="text"/>						<input type="text"/>		
Residential Address*:	<input type="text"/>								
Email Address* (Fill in Capitals):	<input type="text"/>								

EMPLOYMENT DETAILS

Employer's Name	<input type="text"/>		
Employer's Address	<input type="text"/>		
Name and Address of Employer	<input type="text"/>		
Official Email Address	<input type="text"/>	Official Website Address	<input type="text"/>

NEXT OF KIN DETAILS

Name:	<input type="text"/>				
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>	Gender	<input type="text"/>
Relationship	<input type="text"/>		Telephone Number	<input type="text"/>	
Contact Address for Next of Kin	<input type="text"/>				

FOR MINORS ONLY

Name of Guardian					
Date of Birth		Nationality		Gender	

FOR JOINT ACCOUNT HOLDERS

Name of Join Account Partner					
Relationship with of Join Account Partner					

Joint Account Holders are required to fill the Joint Account Form.

Mandate/Signing Instruction*					
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Please note, an indemnity form would have to be signed if client chooses e-mail mode of mandate.

Bank Details

Bank Name				
Account No.				
BVN:				
CSCS Number*		CH Number*		
In-house No*:				

For Official Use Only	
VERIFICATION Originating SOL Documentation Complete Yes <input type="checkbox"/> No <input type="checkbox"/>	
Scanned by	
Signature	
Authorized by	
Signature	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Account Officer Signature & Date	

Requirements

- Completed KYC
- Two Passport Photographs
- Copy of a valid ID Card (Driver’s License, Voter’s Card, Int’l Passport and National ID)
- Utility Bill

Declaration (Please read carefully before signing)

- I agree that in compliance with the anti-money laundry legislation, transaction above N1million and N5million for individual and corporate organization respectively will be reported to Securities and Exchange Commission (SEC) or the Central Bank of Nigeria(CBN).
 - I confirm that the information given on this form is true.
 - That accounts are to be adequately funded and debit balance, if any, must be cleared within 3days of its occurrence.
 - That debit balance not cleared within 3days will attract interest at two and a half times over the treasury bill rate prevailing at the beginning of the month in question or 22% whichever is higher and
 - That the company reserves the right to sell from the portfolio of the defaulter to clear the debit balance and the accrued interest if the balance is cleared after 14days.
- I hereby declare that I understand the conditions stated above and I agree to abide with the conditions
- I hereby certify that all the information given above is correct. I also certify that I have read, understand and agree with the attached terms and conditions governing the accounts/products I have requested, as well as assessment of your services via the channels we have selected.

Customer’s signature*	Customer signature*	Customer signature*