

Estate Application Form



Securities Africa Financial Limited
(Member of The Nigerian Stock Exchange)
RC437419

Account Name _____

FIRST APPLICANT

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Telephone
Mobile: _____ Office: _____ Home: _____

Email: _____

Date of Birth: / / Nationality: _____
Day Month Year

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____ BVN: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No.: _____

Date Issued / / Place of Issue _____
Day Month Year

Foreigners' Resident Permit No: _____ Permit Validity: _____

Mother's Maiden Name: _____ Spouse's Name: _____

SECOND APPLICANT

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Telephone
Mobile: _____ Office: _____ Home: _____

Email: _____

Date of Birth: / /
Day Month Year Nationality: _____

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____ BVN: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No.: _____

Date Issued / /
Day Month Year Place of Issue _____

Foreigners' Resident Permit No: _____ Permit Validity: _____

Mother's Maiden Name: _____ Spouse's Name: _____

OTHER REQUIRED ACCOUNT DETAILS

Type of Account: Stock broking Loan Treasury Asset Mgt Portfolio Mgt
(Please tick type of Account (s) you want to open)

Preferred Means of Communication: Email Telephone Others _____
(Please specify)

Referee's Name: _____

Email: _____ Phone No.: _____

Signature (for mandate purposes). Please sign in black ink within the box

Passport
Photograph for 1st
applicant

Passport
Photograph for 2nd
applicant

NEXT OF KIN

Names: _____

Relationship: _____ Mobile No: _____ Email: _____

Contact Address: _____

BANK ACCOUNT INFORMATION

Name of Bank: _____

Address of Bank: _____

Account Type: _____

Account Number: _____

Sort Code: _____

Account Opened Date: _____

BVN (Tied to Bank Account): _____

PLEASE STATE ACCOUNT HOLDER'S SOURCE OF FUNDS



INVESTOR'S BANK ACCOUNT UPDATE FORM FOR DIRECT SETTLEMENT

CSCS Plc, Stock Exchange House (Floors 1, 12, 13, 14 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: info@cscsnigeriaiplc.com Website: www.cscsnigeriaiplc.com

Telephone Number: + 234 (1) 9033551

(FORM 001)

ACCOUNT TYPE: PERSONAL CORPORATE
(Please Tick appropriately)

CLIENT'S DETAILS

NAME OF CLIENT (surname first) OR COMPANY'S NAME:

AFFIX
PASSPORT
PHOTOGRAPH

DATE OF BIRTH/CAC NO:.....

MOTHER'S MAIDEN NAME (where applicable).....

ADDRESS.....

CSCS ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--

CLEARING HOUSE NUMBER

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TEL. NUMBER: (1)..... (2).....

E-MAIL ADDRESS:(1)..... (2).....

DO YOU OPT FOR DIRECT SETTLEMENT INTO YOUR BANK ACCOUNT? YES NO

SIGNATURE: (1)..... (2).....

(For Corporate accounts, two authorized signatories must sign with their passports photographs affixed and company's Seal appended on this form).



CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH.....

ACCOUNT NUMBER:

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BANK VERIFICATION NUMBER (BVN)

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TYPE OF ACCOUNT

(Please tick the type of account) Current Savings

STOCKBROKING FIRM DETAILS.

MEMBER CODE:

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STOCKBROKING FIRM:.....

AUTHORISED SIGNATORIES & COMPANY'S STAMP (1).....

(2).....

POLITICALLY EXPOSED PERSONS (PEP)

The Anti Money Laundering and Combating Financing of Terrorism Act require that all our clients declare if they are politically exposed. Politically exposed persons (PEP) are those holding political office in Nigeria or elsewhere or their immediate family members. If applicable, please state below:

Full Name: _____

Political Position Held: _____

Relationship with PEP _____

Level: _____

(Federal, State or Local govt)

Name of State or Local Govt: _____

Date Appointed or Elected / /
Day Month Year

We confirm that all the information provided in this form are correct and accurate.

By signing this application form, we apply for an account with Securities Africa Financial Limited and agree to be bound by the terms and conditions of the account if this application is accepted. If we are signing under a Power of Attorney, we declare that the Power of Attorney has not been amended or revoked.

Note: All information is treated as confidential but may be required by the regulatory authorities, e.g. SEC, NSE etc

FOR OFFICE USE ONLY

Checklist of attached documents

	YES	NO	WAIVED	DEFER	UNTIL
Copy of Identification: Driver's license or International Passport or National ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
One passport size photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

The applicant(s) was/were interviewed by me by telephone/in person (delete as appropriate).

I recommend that aAccount be opened as requested.

Relationship Officer's Name:Signature: Date:

Head of Unit's Name:Signature: Date:

Executive Management Remarks:

.....

Head of Operations: Date: