

# Individual Application Form



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

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: \_\_\_\_\_

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: \_\_\_\_\_

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

Date

Passport Photo

### NEXT OF KIN

Names: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Contact Address: \_\_\_\_\_

### BANK ACCOUNT INFORMATION

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account opened Date: \_\_\_\_\_

BVN (Bank Verification Number) \_\_\_\_\_

### PLEASE STATE ACCOUNT HOLDER'S SOURCE OF FUNDS

### 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

I confirm that all the information provided in this form is correct and accurate.

By signing this application form, I 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 I am signing under a Power of Attorney, I 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**






**One passport size photograph**






**Copy of utility bill**






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

I recommend that a .....Account be opened as requested.

Relationship Officer's Name: .....Signature: ..... Date: .....

Head of Unit's Name: .....Signature: ..... Date: .....

Executive Management Remarks:

.....  
 .....

Head of Operations: ..... Date: .....



# 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@cscsnigeria.com](mailto:info@cscsnigeria.com) Website: [www.cscsnigeria.com](http://www.cscsnigeria.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

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### CLEARING HOUSE NUMBER

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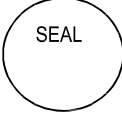
TEL. NUMBER: (1)..... (2).....

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).....