

CITI
INVESTMENT
CAPITAL LTD

INDIVIDUAL ACCOUNT OPENING FORM



INDIVIDUAL ACCOUNT OPENING FORM

Citi Investment Capital Ltd

Member of the Nigerian Stock Exchange

(Please fill all information in CAPITAL letters)

Personal Details

Surname:	<input type="text"/>	<div style="border: 1px solid orange; padding: 5px; text-align: center;">Affix Passport Photograph Here</div>
Other Names:	<input type="text"/>	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="text"/>	(Please specify title)	
Maiden Name: <input type="text"/>	(If applicable) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth: Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Religion: <input type="text"/>	
Means of Identification: International Passport <input type="checkbox"/>	Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/>	

Contact Details

Email: <input type="text"/>	Fax: <input type="text"/>
Mobile Number: <input type="text"/>	Office Telephone: <input type="text"/>
Residential Address: <input type="text"/>	
<input type="text"/>	
Mailing Address: <input type="text"/>	
<input type="text"/>	
Nationality: <input type="text"/>	
Country of Residence: <input type="text"/>	

Mode of Payment

Cheque: <input type="checkbox"/>	Bank: <input type="text"/>
Bank Transfer: <input type="checkbox"/>	Address of Bank: <input type="text"/>
	<input type="text"/>

Next of Kin

Names: <input type="text"/>	
(Surname First)	
Contact Address: <input type="text"/>	
<input type="text"/>	Relationship: <input type="text"/>
Phone Number: <input type="text"/>	Email: <input type="text"/>



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Client's Signature Mandate

Client's Name:
(Surname First)

Affix
Passport
Photograph
Here

Please fill details below in case account operator and holder differ

Account Operator's Name:
(Surname First)

Signature (s):

I hereby authorize you to open an account on the basis of the preceding information, and to execute transactions on behalf of the account holder whose name and signature are immediately above.



**CENTRAL SECURITIES CLEARING SYSTEM LIMITED
(THE CLEARING HOUSE)**

Particulars of Shareholders

Current Date:		
Member Code:		
Member's Name:		
Shareholder's Type:		
Clearing House Number (CHN):		
Birth Date:		
Shareholder's Name (Surname):		
Other Name (s):		
Mother's Maiden Name:		
Contact (If Corporate):		
Shareholder's Address:		
City:	Country:	Postal Code:
Phone:	Fax:	
Reference No:		
Country of Origin (for statistical purposes):		

Waiver

I/We _____ of _____ a National of Nigeria am (are) a prospective shareholder(s) in securities quoted on The Nigerian Stock Exchange and I (we) hereby FREELY state that being aware of my (our) right to be issued with a share certificate(s) under sections 146 and 147 of the Companies and Allied Matters Decree 1990 and the Memoranda and Articles of Association of the Listed Companies for my (our) sole benefit and private purposes do hereby waive the said right and also DECLARE that I (we) shall accept as sufficient certification of my (our) shareholding any memorandum to that effect delivered to me (us) by the said listed company / companies or the CENTRAL SECURITIES CLEARING SYSTEM LIMITED acting on behalf of same as satisfaction of my (our) said right under the sections of Memoranda and Articles of Association aforementioned.

Dated this _____ day of _____ 20 ____

Signed: _____ Sealed (Coy) _____



Set Off

I/We agree that Citi Investment Capital Ltd may, at any time without notice, notwithstanding any settlement of account or other matter whatsoever combine or consolidate all or any of my then existing account(s) opened in my name, relations, children, spouse or company name(s) and set off, appropriate or transfer any sum(s) standing to the credit of any of such accounts towards satisfaction of any liabilities be it present or future, actual or contingent, primary or collateral and several or joint.

Declaration

I/We declare that the information given in the account opening form is true and correct. I/We agree that any information found to be false may cause Citi Investment Capital Ltd to decline the application or close the account if it has been opened. Should any details change in future, e.g. address, name of Company, etc., I/We shall inform you promptly.

I/We note that Citi Investment Capital Ltd shall not bear any responsibility or liability whatsoever for funds handed to members of staff or any cash payment made to any account person for the purpose of account opening.

Funding Account in Debit

If for any reason Citi Investment Capital Ltd authorizes the execution of our validly executed mandate when at the material time the account does not have sufficient funds to accommodate the value of transaction, (and the said account is thereby thrown into debit) we agree that an overdraft position is thereby created.

Client's Name

Signature



Official Use Only

Client's Account Number:

CSCS Number:

Introduced By:

Account Officer's Name:

Account Officer's Phone Number: **Email:**

Signature of Account Officer/Branch:

New Account Approved By:

Head, Operations:

Signature:

Checklist of Documents Received

- 1. Completed account opening forms
- 2. Completed signature mandate
- 3. Copy of any Utility Bill not more than three (3) months old (PHCN; Water Bill; Telephone Bills)
- 4. One (1) passport photograph of the signatory
 - . Means of identification: International Passport, Driver's License or National ID card