

**CITI  
INVESTMENT  
CAPITAL LTD**

**JOINT ACCOUNT OPENING FORM**



## JOINT ACCOUNT OPENING FORM

Citi Investment Capital Ltd

(Please fill all information in BLOCK letters)

Member of the Nigerian Stock Exchange

### Name of Account


### Personal Details (A)

<b>Surname:</b>	
<b>Other Names:</b>	
<b>Title:</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="text"/> (Please specify title)	
<b>Maiden Name:</b> <input type="text"/> (If applicable)	<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Date of Birth:</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<b>Religion:</b> <input type="text"/>

Affix Passport Photograph Here
-----------------------------------------

### Contact Details (A)

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

### Next of Kin (A)

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



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### Personal Details (B)

<b>Surname:</b>	<input type="text"/>
<b>Other Names:</b>	<input type="text"/>
<b>Title:</b>	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="text"/> (Please specify title)
<b>Maiden Name:</b>	<input type="text"/> (If applicable) <b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Date of Birth:</b>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> <b>Religion:</b> <input type="text"/>

Affix  
Passport  
Photograph  
Here

### Contact Details (B)

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

### Next of Kin (B)

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



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### Personal Details (C)

**Surname:**

**Other Names:**

**Title:** Mr.  Mrs.  Ms.  Other  (Please specify title)

**Maiden Name:**  (If applicable) **Sex:** Male  Female

**Date of Birth:** Day  Month  Year  **Religion:**

Affix  
Passport  
Photograph  
Here

### Contact Details (C)

**Email:**  **Fax:**

**Mobile Number:**  **Office Telephone:**

**Residential Address:**

**Mailing Address:**

**Nationality:**

**Country of Residence:**

### Next of Kin (C)

**Names:**   
(Surname First)

**Contact Address:**

**Relationship:**

**Phone Number:**  **Email:**

### Mode of Payment for Account

**Cheque:**  **Bank:**

**Bank Transfer:**  **Address of Bank:**



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### Client's Signature Mandate

Please tick as appropriate signatory (ies) for transactions on account

Sole Signatory:  All Signatories:  Either Signatory:  Any Two Signatories:

<b>Signatory's Names:</b> <input type="text"/> <small>(Surname First)</small>	Affix Passport Photograph Here
<input type="text"/>	
<b>Signature (s):</b> <input type="text"/>	

<b>Signatory's Names:</b> <input type="text"/> <small>(Surname First)</small>	Affix Passport Photograph Here
<input type="text"/>	
<b>Signature (s):</b> <input type="text"/>	

<b>Signatory's Names:</b> <input type="text"/> <small>(Surname First)</small>	Affix Passport Photograph Here
<input type="text"/>	
<b>Signature (s):</b> <input type="text"/>	

(NB: Please print and fill extra copies of this page if there are additional signatories)



**JOINT ACCOUNT OPENING FORM**

**Citi Investment Capital Ltd**

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*Member of the Nigerian Stock Exchange*

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

**Particulars of Account Holder**

<b>Current Date:</b>		
<b>Member Code:</b>		
<b>Account Name:</b>		
<b>Shareholder's Type:</b>		
<b>Clearing House Number (CHN):</b>		
<b>Account's Maiden Name:</b>		
<b>Account's Birth Date:</b>		
<b>Other Name (s):</b>		
<b>Account's Address:</b>		
<b>City:</b>	<b>Country:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>Reference No:</b>		
<b>Country of Origin (for statistical purposes):</b>		

**Waiver**

We \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_

Nationals of Nigeria are prospective shareholders in securities quoted on The Nigerian Stock Exchange and we hereby FREELY state that being aware of 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 our sole benefit and private purposes do hereby waive the said right and also DECLARE that we shall accept as sufficient certification of our shareholding any memorandum to that effect delivered to us by the said listed company / companies or the CENTRAL SECURITIES CLEARING SYSTEM LIMITED acting on behalf of same as satisfaction of our said right under the sections of Memoranda and Articles of Association aforementioned.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

*(NB: Please print and fill extra copies of this page if there are additional signatories)*



**JOINT ACCOUNT OPENING FORM**

**Citi Investment Capital Ltd**

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**Set Off**

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 our then existing account(s) opened in our names or names of 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**

We declare that the information given in the account opening form is true and correct. 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, we shall inform Citi Investment Capital Ltd. promptly.

We note that Citi Investment Capital Ltd shall not bear any responsibility or liability whatsoever for funds handed to members of staff for any cash payment made to any account officer 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**

\_\_\_\_\_  
**Client's Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Client's Name**

\_\_\_\_\_  
**Signature**

*(NB: Please print extra copies of this page if there are additional signatories)*



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**Official Use Only**

**Client's Account Name :**

**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(ies) of Utility Bill(s) not more than Three (3) Months Old (PHCN; Water Bill; Telephone Bills)
- 4. One (1) Passport Photograph for each of the Signatories
- 5. Marriage Certificate (where applicable)