



# Citiinvestcap Account Opening Form

## 1. PARTICULARS OF HOLDER

NAME OF HOLDER \_\_\_\_\_  
(Surname First)

TITLE: MR/MRS/MS/OTHERS (Please Specify)  PREVIOUS NAME: \_\_\_\_\_ (If Applicable)

DATE OF BIRTH: \_\_\_\_\_ SEX:  M  F

## 2. ACCOUNT DESCRIPTION

TYPE OF HOLDER Individual  Institutional

TYPE OF ACCOUNT Asset Management  Stock Brokerage

## 3. CONTACT DETAILS

PRINCIPAL ADDRESS: \_\_\_\_\_

ALTERNATE ADDRESS: \_\_\_\_\_

DAY PHONE NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT: PRINCIPAL  ALTERNATE

## 4. PROPOSED INVESTMENT DETAILS

INITIAL PORTFOLIO VALUE: N

EXPECTED ADDITIONS: N PER \_\_\_\_\_ FOR  YEARS

EXPECTED WITHDRAWALS: N PER \_\_\_\_\_ FOR \_\_\_\_\_

REPORTS TO BE SENT MONTHLY  QUARTERLY  BIANNUALLY

## 5. MODE OF PAYMENT

INVESTMENT MADE BY:

CHEQUE  BANK TRANSFER  DIRECT DEBIT (STANDING ORDER)  SHARE TRANSFER

Please obtain and fill CICL Direct Debit Mandate or Share Exchange Form as required.

PREFERRED MEANS TO RECEIVE INCOME: CHEQUE  BANK TRANSFER

**6. BANK DETAILS (BANK TRANSFER PURPOSES ONLY)**

BANK: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**7. BENEFICIARIES TO THE ACCOUNT**

I AUTHORISE YOU TO OPEN AN ACCOUNT ON THE BASIS OF THE INFORMATION ABOVE, AND TO EXECUTE TRANSACTIONS ON BEHALF OF THE ACCOUNT HOLDER WHOSE NAME AND SIGNATURE APPEARS BELOW

ACCOUNT HOLDER

NEXT OF KIN

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**8. ACCOUNT MANAGEMENT INFORMATION**

ACCOUNT OPENED BY: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT MANAGER: \_\_\_\_\_

**9. DOCUMENTATION AND FUNDS RECEIVED**

<input type="checkbox"/>	CHEQUE	AMOUNT:	N			
<input type="checkbox"/>	SHARE EXCHANGE FORM	VALUED AT:	N		AS AT:	
<input type="checkbox"/>	DIRECT DEBIT MANDATE	AMOUNT:	N	EVERY	FOR	YEARS
<input type="checkbox"/>	INVESTMENT PROFILE	<input type="checkbox"/>	PORTFOLIO ALLOCATION MANDATE	<input type="checkbox"/>	POWER OF ATTORNEY	
<input type="checkbox"/>	PASSPORT PICTURES	<input type="checkbox"/>	INVESTMENT MANAGEMENT AGREEMENT	<input type="checkbox"/>	INDEMNITY LETTER	
<input type="checkbox"/>	SIGNATURE MANDATE	<input type="checkbox"/>	QUESTIONNAIRE	<input type="checkbox"/>	BOARD RESOLUTION (COMPANIES ONLY)	

**10. RECEIVED BY:**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS/WAIVERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**PARTICULARS OF SHAREHOLDERS**

CURRENT DATE:

MEMBER CODE:

CICL

MEMBER NAME:

CITI INVESTMENT CAPITAL LTD.

SHAREHOLDER'S TYPE:

Individual/Corporate

CLEARING HOUSE NUMBER (CHN):

BIRTH DATE:

SHAREHOLDER'S NAME (SURNAME):

OTHER NAMES:

MOTHER'S MAIDEN NAME:

CONTACT (IF CORPORATE):

SHAREHOLDER'S ADDRESS:

CITY: \_\_\_\_\_

COUNTRY: NIGERIA POSTAL CODE \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

REFERENCE NO: \_\_\_\_\_

COUNTRY OF ORIGIN (for statistical purposes): Nigeria

**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 CENTRAL SECURITIES CLEARING SYSTEM LIMITED acting on behalf of same as satisfaction of my said right under the sections and Memoranda and Articles of Association aforementioned.

Dated this ..... day of ..... 2001.....

SIGNED.....

SEALED (Co).....