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: ☐☐ / ☐☐ / ☐☐☐☐ Nationality: _____
Day Month Year

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 ☐☐ / ☐☐ / ☐☐☐☐ Place of Issue _____
Day Month Year

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

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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: ……