



Capital Assets RC.(286096)
Capital Assets Limited
(Member of the Nigerian Stock Exchange)

INDIVIDUAL ACCOUNT OPENING FORM

I hereby request Capital Assets Limited to open a Stockbroking Account on my behalf

Full Names (Surname First): _____

Mother's Maiden Name: _____

Date of Birth: _____ Sex: Male Female

Residential Address (Not P. O. Box) _____

Postal Address: _____

Local Government Area (of Residence): _____

E-mail Address: _____

Mobile Tel. Number(s): _____

Occupation: _____

NEXT OF KIN

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____ E-mail: _____

BANK ACCOUNT DETAILS

Bank Name: _____ Branch _____

Bank Address: _____

Date of Account Creation: _____ Type of Account: _____

Account Number: _____ Bank Verification Code (BVN): _____

Do you have a CSCS Account already? YES NO

If Yes, please state your CHN (Clearing House Number) _____



SIGNATURE MANDATE FORM

Please sign in black ink within the box below:

Passport
Photograph

Attestation:

I/we understand that the information given herein and the documents supplied are the basis for opening a Stockbroking Account and therefore attest that all information herein supplied are correct.

Signature

Date

Documents Required To Open A Stockbroking Account

- Recent Passport Photograph indicating full name & duly signed at the back

- Identification Document: International passport
 National Driver's licence
 National ID card
 Others, Please mention it: _____

- Utility Bill: Electricity Bill
 Telephone Bill
 Water Rate

FOR OFFICIAL USE ONLY

Date: _____

Documents Received & Originals Sighted By : _____

Client Introduced By: _____

Approved By: _____ Signature _____