



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

APPLICATION FOR OPENING STOCKBROKING ACCOUNT

ESTATE ACCOUNT

I/We,

the Administrator(s)/Executor(s) of the Letters of Administration/Will of the Estate of the Late

.....
who died on hereby apply for the opening of an Estate Stockbroking
Account with **Capital Assets Limited**.

In consideration of your agreement to establish the said account, I/we hereby appoint **Capital Assets Limited**
as my/our Stockbrokers and:-

- (a) authorize you not to establish or operate the requested account unless and until you have received the supporting documents for the opening of the account, a list of which has been provided to me/us and is included in this application form.
- (b) authorize you to undertake at my/our cost all Know Your Customer (KYC) procedures specified by applicable laws and/or regulations including the confirmation of my/our information details and legal status at the appropriate government registry and to debit my/our account without further recourse to me /us for the costs related to such KYC procedures.
- (c) authorize you to purchase and sell securities on my/our behalf and undertake to pay all statutory charges and fees associated with such transaction(s) and the operation of the account.
- (d) authorize you to send all communication to me/us at the address given in this application or to such address as I/we may from time to time give to you in writing. All communication so sent whether by post, email, dispatch, SMS or otherwise shall be deemed to be given to me/us personally whether actually received or not, and the cost thereof shall be for my/our account.
- (e) undertake not to hold you responsible for any delay in the transmission of orders due to date/price limit given by me/us or any other causes beyond your control.
- (f) authorize you to reconcile/regularize my/our account in case of any posting or trading error.
- (g) undertake to indemnify you in full for any loss you may suffer or incur by acting on the information given herein and the documents supplied for the bases of opening the account and for honouring such letter, email, SMS or instructions given by me/us to you in the course of operating the account provided that you have taken all measures prescribed by your internal policies and practices to verify the authenticity of such communication.
- (h) undertake to communicate to you immediately any change in my/our address, email, telephone number(s) and any other information given by me/us to you in the course of operating the account, and that any loss you may suffer or incur for not communicating such to you shall be borne by me/us.

NAME

SIGN/DATE

NAME

SIGN/DATE

ESTATE ACCOUNT INFORMATION SHEET

Name of the Deceased (Surname First): _____

Name of Estate Account: _____

Registration Number of Letter of Administration: _____ Date: _____

BANK ACCOUNT DETAILS OF THE ESTATE

Bank Name: _____

Branch _____

Bank Account Name: _____

Date of Account Creation: _____

Type of Account: _____

Account Number: _____

CSCS ACCOUNT DETAILS OF THE ESTATE

Do you have a CSCS Account already? YES ☐ NO ☐

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

Direct Cash Settlement

Do you want payment of proceed through Direct Cash Settlement by CSCS?

YES ☐
NO ☐

Attestation:

I/We undertake that the information given herein and the documents supplied are the bases for opening the Estate Stockbroking Account and therefore attest that all information herein supplied are correct.

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

SIGNATURE MANDATE FORM

PERSONS AUTHORISED TO OPERATE THE ESTATE ACCOUNT

1	Name: _____ Designation: _____ Home Address: _____ Bank Verification Number (BVN): _____ Signature: _____	<div>Pls. Specify</div> <div>Class A, B, C</div>	Passport Photograph
2	Name: _____ Designation: _____ Home Address: _____ Bank Verification Number (BVN): _____ Signature: _____	<div>Pls. Specify</div> <div>Class A, B, C</div>	Passport Photograph
3	Name: _____ Designation: _____ Home Address: _____ Bank Verification Number (BVN): _____ Signature: _____	<div>Pls. Specify</div> <div>Class A, B, C</div>	Passport Photograph
4	Name: _____ Designation: _____ Home Address: _____ Bank Verification Number (BVN): _____ Signature: _____	<div>Pls. Specify</div> <div>Class A, B, C</div>	Passport Photograph

Mandate Combination:

Please Specify



Documents Required To Open An Estate Account

The under listed documents are required to open an Estate Account:

- ☐ Photocopy of the Death Certificate. Original **must** be brought for sighting.
- ☐ Photocopy of Letter of Administration/Will of the Estate. Original **must** be brought for sighting.
- ☐ Photocopy of Power of Attorney where Authority is given to some of the Administrators to deal with Capital Assets Limited on behalf of other Administrators. Original **must** be brought for sighting.
- ☐ Letter from the Administrator(s)/Executor(s) appointing **Capital Assets Limited** as the Stock-brokers to the Estate.
- ☐ Publication of the Obituary of the Deceased Person
- ☐ Two (2) passport photographs of each Administrator/Executor/Signatory indicating full names & duly signed at the back.
- ☐ Identification document of each Administrator/Executor/Signatory:
 - ☐ International Passport
 - ☐ National Driver's Licence
 - ☐ National ID card, etc.
- ☐ A copy of Utility bill of each authorised Administrator/Executor/Signatory to the account
 - ☐ Electricity Bill
 - ☐ Telephone Bill
 - ☐ Water Rate
- ☐ Resident permit for (Non Nigerian) who is an Administrator/Executor/Signatory to the Estate
- ☐ Signature Mandate, indicating those who are authorised to deal with **Capital Assets Limited** on behalf of the Estate.

FOR OFFICE USE ONLY

Date: _____

Documents Received & Originals Sighted By:

Name: _____ Signature: _____

Client Introduced By: _____

Client's Profiling: ☐ High ☐ Medium ☐ Low

HOP's Comments: _____

_____ HOP's Sign/Date: _____

Confirmed OK By: _____ Sign/Date: _____

Approved By: _____ Sign/Date: _____

ADMINISTRATORS/EXECUTOR(S)/SIGNATORIES INFORMATION SHEET

This Page should be completed by each of the Administrator(s)/Executor(s)/Signatories to the Estate Account.

Full Names (Surname First): _____

Mother's Maiden Name: _____ Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Others (Specify) _____

Date of Birth: _____ Place of Birth: _____

Home Town: _____ State of Origin: _____

Residential Address (Not P. O. Box) _____

Nearest Bus Stop: _____

Local Government Area (of Residence): _____

Nationality (For Non Nigerians): _____ Res. Permit Number: _____

Resident Permit Issue Date: _____ Resident Permit Expiry Date: _____

Postal Address: _____

E-mail Address: _____

Mobile Tel. Number(s): _____

Occupation: _____ Status/Job Title: _____

Office (Name & Address): _____

Office Tel. Number(s): _____

Office Email Address: _____

IDENTITY INFORMATION

Means of Identification (At least one is required):

- ☐ International passport Num:..... Issue Date:..... Exp. Date:.....
- ☐ National Driver's licence Num:..... Issue Date:..... Exp. Date:.....
- ☐ National ID card Number:..... Issue Date:..... Exp. Date:.....
- ☐ Perm. Voters Card Number:..... Issue Date:..... Exp. Date:.....
- ☐ Others, Please Specify Issue Date:..... Exp. Date:.....



OTHER INFORMATION

Do you hold any political position (PEP) presently or held any in the past? YES ☐ NO ☐

If YES, state the position and period: _____

Do you have any political affiliation / or relationship with a Public Office Holder? YES ☐ NO ☐

If YES, state the following:

Name of the Political Person / Public Office Holder: _____

Office held by the person & the period: _____

Nature of relationship with the person: _____

Has there been any change of name prior to the name stated above? YES ☐ NO ☐

If YES, please state the previous name(s), date of change and reason(s) for the change

Previous Full Name: _____

Date of Change of Name: _____

Reason(s) for Change: _____

BANK ACCOUNT DETAILS OF EACH ADMINISTRATOR/EXECUTOR/SIGNATORY

Bank Name: _____

Branch: _____

Bank Account Name: _____

Date of Account Creation: _____

Type of Account: _____

Account Number: _____

Bank Verification Number (BVN): _____

Attestation:

I understand that the information given herein and the documents supplied are the bases for opening an Estate Stockbroking Account and therefore attest that all information herein supplied are correct.

NAME

SIGN/DATE