



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

APPLICATION FOR OPENING STOCKBROKING ACCOUNT

Please tick as appropriate:

☐ **INDIVIDUAL ACCOUNT**

☐ **JOINT ACCOUNT**

☐ **MINOR ACCOUNT**

☐ **NOMINEE ACCOUNT**

☐ **OTHERS (Specify) _____**

I/we, Chief/Dr./Alhaji/Pastor/Mr./Mrs/Miss
hereby apply for the opening of a 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

CUSTOMER INFORMATION SHEET



Full Names (Surname First): _____

Mother's Maiden Name: _____

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

Date of Birth: _____ Place of Birth: _____ Sex: Male ☐ Female ☐

Religion: ☐ Christianity ☐ Islam ☐ Traditional ☐ Others (Specify) _____

Local Govt. Area (of Origin): _____

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: _____

If Self Employed, please provide as follows:

Office (Name & Address): _____

Nature of Business: _____

Office Tel. Num: _____ Office Email Address: _____

If Employed, please provide as follows:

Employer's Name: _____

Employer's Address: _____

Office Tel. Num: _____ 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:.....

BANK ACCOUNT DETAILS

Bank Name:..... Branch Address:.....

Bank Account Name:.....

Date of Account Creation:..... Type of Account:.....

Account Number:..... Bank Verification Number (BVN):.....

CSCS ACCOUNT DETAILS

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

If YES, please state your CHN:.....

NEXT OF KIN

Name:..... Relationship:.....

Address:.....

Telephone Number:..... E-mail:.....

Sources of Funding the Account

- ☐ Salaries
- ☐ Pension
- ☐ Inheritance
- ☐ Income from Self Employed Business
- ☐ Returns on Investment
- ☐ Gifts
- ☐ Others (Please Specify):.....

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: _____

Investment Objectives

- ☐ Capital Growth
☐ Income Yield
☐ A Mixture of Both

Risk Tolerance

- ☐ High
☐ Medium
☐ Low

Direct Cash Settlement

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

YES ☐
NO ☐

SIGNATURE MANDATE FORM

Please sign in black ink
within this box:

Passport
Photograph

Passport
Photograph

Attestation:

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

NAME

SIGN/DATE

NAME

SIGN/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 Specify:

☐ Utility Bill: ☐ Electricity Bill
☐ Telephone Bill
☐ Water Rate
☐ Waste Mgt Bill

☐ Resident Permit (For Non Nigerians)

☐ Copy of Tax Identification Card

For Minor Account,

☐ Recent Passport photograph of both the Sponsor and the Minor

☐ Birth Certificate of the Minor (the account holder)

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: _____