

KYC FORM INDIVIDUAL ACCOUNT OPENING FORM

New Client Existing Client

Individual / Guardian Personal Details:

Title:	First Name:
Middle Name:	Last Name:
Religion:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Place/Country of Birth:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others	
State of Origin (Nigeria Only):	Local Govt Area:
Mother's Maiden Name:	
Residential / Permanent Address:	
Nationality:	

Insert Passport
Photograph

Kindly provide a copy of a recent utility bill confirming the address above

Contact / Postal Address:			
Mobile Phone:			
ID Type	<input type="checkbox"/> International Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> National ID Card <input type="checkbox"/> Voter's Card
ID Number:	Issue Date:	Expiry Date:	Place of Issue:
Personal Email Address:			

Insert Passport
Photograph

EMPLOYMENT DETAILS

Level of Qualification:			
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Others			
Occupation / Employment Segment:		Appointment Date:	
Company Name:			
Company / Office Address:			
Annual Average income:	<input type="checkbox"/> Less than N10m	<input type="checkbox"/> 10 - 50m	<input type="checkbox"/> N50m and above
Source of Investment Fund:	<input type="checkbox"/> Employment	<input type="checkbox"/> Business	Others _____
Purpose of Investment:			

BANK ACCOUNT DETAILS: (YOUR BANK ACCOUNT NAME DETAILS SHOULD CORRESPOND WITH CSCS ACCOUNT)

Bank Name:	Account Type: <input type="checkbox"/> Current <input type="checkbox"/> Savings
Account Number:	BVN:
Account Name:	Date of Opening Bank Account:

NEXT OF KIN DETAILS

Full Name:			
Date of Birth:	Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Others		
Email:	Mobile Phone:		
Contact Address of Next of Kin :			

ATTESTATION

I/we attest that all information provided herein is accurate and would notify you to update my/our records where any change occurs

Signature and Date

QUESTIONNAIRE:

Have you occupied any Political Position? Yes No If yes, please state the most recent political position occupied
_____ Date: From _____ To _____

Have any of your close relatives/associates occupied a Political Position? Yes No if yes, please state your relation.

1 _____
_____ Date: From _____ To _____

2 _____
_____ Date: From _____ To _____

BEST EXECUTION POLICY

FINANCIAL & ANALYTICS CAPITAL LIMITED is expected to take all reasonable steps to obtain the best possible order execution for its clients, taking into account price, cost, speed, likelihood of execution and settlement, size, nature and/or any other relevant order execution consideration, whether we are executing orders on behalf of clients or placing orders with, or passing orders to others for execution.

Where a client gives us a specific instruction as to the execution of an order, we will execute it in accordance with that instruction. Where the specific instruction relates to only part of the order, we will apply our best judgment to the parts of the order not covered by the specific instructions. This applies to all clients of F&A dealing in Financial Instruments available in the Nigerian Capital Market.

DOCUMENTATION CHECK LIST

- | | |
|-----------------------------------|--|
| 1. Completed Account Opening Form | 2. Proof of address (e.g. Copy of recent utility bill) |
| 3. Means of identification | 4. Email indemnity |
| 5. Passport photograph | 6. Standard terms and Conditions |
| 7. Resident Permit | 8. Birth certificate (For minor only) |

Document Status:	Complete	Incomplete
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Account Opening Authorized By:	Low	High
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Date:

CSCS Number:	CHN:	Cabinet File No:
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CLIENT (S) INDEMNITY TO FINANCIAL & ANALYTICS CAPITAL LIMITED WITH RESPECT TO INSTRUCTIONS GIVEN VIA ELECTRONIC CHANNELS

Having agreed to accept and to act on my/our instructions given via E -mail, and other Electronic Channels in respect of any tran sactions regarding my/our account with F&A, I/we hereby confirm that:

1. I/We understand that it is my/our responsibility to keep my/our Account details as private and confidential to pre vent unauthorized access to my/our compromise is binding on me/us.
2. I/We understand that it is my/our responsibility to notify F&A where I/WE detect that my/our Account details have been compromised. I/We also understand that any transaction executed on my/our account before F&A is notified of such compromise is binding on me/us.
3. F&A is authorized to act on instructions, which have been transmitted via any of the referenced electronic c hannels without bearing my/our signature (s) provided such instructions emanated from my/our registered details in F&A's records.
4. F&A shall not be under any duty to verify the identity of the person (s) giving instructions in my/our name provided such instructions have emanated from my/our registered details in F&A's records and any transaction made pursuant to the instructions shall b e binding upon me/us.
5. Except my/our instruction sent via any of the referenced electronic channels is duly revoked or modified by a subs equent instruction issued by me/us and such sub-sequent instruction has been communicated to and received by F&A before the execution of the prior i nstruction and within the stipulated deadline for revocation and or amendment of instructions, I/We undertake to bound irrevocably by such prior instruc tion.
6. I/We understand that where a mandate /instruction is sent via e -mail, I/We should receive a relied acknowledgement e -mail immediately. Where this is not received within 30 minutes, I/We understand that I/We should immediately contact F&A to confirm receipt of th e mandate/instruction.
7. I/We understand that upon submission of my/our mandates/instructions placed via email, it is my/our responsibilit y to confirm that such mandates/ instructions have been successfully submitted and are reflecting on my/our in -house account. Where the mandate/inst ructions are not reflecting, I/We should immediately contact F&A to confirm receipt of the mandate/instruction.
8. I/We hereby agree to keep F&A indemnified from and against all actions, proceedings, claims and demands whi ch may be brought or made against F&A and all loses, costs, charges, damages and expenses which may be incurred or sustained or for which F&A may become liable by reason of honoring such E -mail, and other Electronic Channels instructions provided that F&A has taken all measures prescribed by this agreement irrespective of whether the instructions are in fact erroneous, fraudulent or issued otherwi se than as aforesaid.

Confirmation:

I/We hereby confirm that I/We have read and agreed to be bound by the above terms and conditions and indemnity. Name of accou nt holder/Corporate account holder:

Signature of Account-holder: _____

DIRECTOR

DIRECTOR/SECRETARY (affix seal)

Dated this _____ day of _____ 20 _____



INVESTOR'S BANK ACCOUNT UPDATE FORM FOR DIRECT SETTLEMENT

CSCS Plc, Stock Exchange House (Floors 1, 12, 13, 14 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: info@cscsnigeriaplc.com Website: www.cscsnigeriaplc.com

Telephone Number: + 234 (1) 9033551

(FORM 001)

ACCOUNT TYPE: PERSONAL
(Please Tick appropriately)

CORPORATE

CLIENT'S DETAILS

NAME OF CLIENT (surname first) OR COMPANY'S NAME:

AFFIX
PASSPORT
PHOTOGRAPH

DATE OF BIRTH/CAC NO:.....

MOTHER'S MAIDEN NAME (where applicable).....

ADDRESS.....

CSCS ACCOUNT NUMBER

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CLEARING HOUSE NUMBER

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TEL. NUMBER: (1)..... (2).....

E-MAILADDRESS:(1).....(2).....

DO YOU OPT FOR DIRECT SETTLEMENT INTO YOUR BANK ACCOUNT? YES NO

SIGNATURE: (1)..... (2).....

(For Corporate accounts, two authorized signatories must sign with their passports photographs affixed and company's Seal appended on this form).



CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH.....

ACCOUNT NUMBER:

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BANK VERIFICATION NUMBER (BVN)

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TYPE OF ACCOUNT

(Please tick the type of account)

Current

Savings

STOCKBROKING FIRM DETAILS.

MEMBER CODE:

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STOCKBROKING FIRM:.....

AUTHORISED SIGNATORIES & COMPANY'S STAMP (1).....

(2).....