



CROSSWORLD SECURITIES LIMITED

**NEW ACCOUNT INFORMATION
INDIVIDUAL/CORPORATE ACCOUNT**

(CONFIDENTIAL)

CLIENT NUMBER

ACCOUNT TYPE

<input type="checkbox"/>	Management Funds	<input type="checkbox"/>	Stockbroking Services	<input type="checkbox"/>	Margin Accounts services
<input type="checkbox"/>	Portfolio Management	<input type="checkbox"/>	Small Savers	<input type="checkbox"/>	Equity Trading
<input type="checkbox"/>	Others				

DETAILS OF HOLDER

INDIVIDUAL

Surname: _____ Other Names: _____
 Mother's Maiden Name: _____ Birth Date: _____
 Marital Status: _____
 International Passport or Driver's License No: _____
 Issue Date: _____ Expiry Date: _____
 Office Phone Number: _____ Home Number _____
 Fax Number: _____ e-mail: _____
 Office Address: _____
 Contact Address: _____

 Occupation/Position: _____ Annual Income: _____
 Employer's Name and Address: _____
 Next of Kin: _____
 Relationship to Application: _____
 Address of Next of Kin (if different from Applicant's) _____
 Applicants Signature: _____ Dated this ____ day of _____

CORPORATE

Registered Name: _____ RC Number: _____
 Date of Incorporation: _____
 Nature of Business/Industry Sector: _____
 Annual Turnover: _____

Office Address: _____

Place of Business (if different from office address): _____

Tel: _____ Fac: _____

e-mail: _____ Website: _____

Contact Person/Office: _____

Signature (Contact Person): _____

**** PLEASE AFFIX TWO RECENT PASSPORT SIZED PHOTOGRAPH OF SIGNATORY**

ARE YOU CURRENTLY INVESTING IN THE NIGERIAN STOCK EXCHANGE?

Yes

No

IF YES, PLEASE SPECIFY APPROXIMATE SIZE OF PORTFOLIO _____

SIGNATURES

I/WE AUTHORISE YOU TO OPEN AN ACCOUNT ON THE INFORMATION ABOVE, AND TO EXECUTE TRANSACTIONS AS PER THE INSTRUCTION OF THE PERSONS WHOSE NAMES AND SIGNATURES APPEAR BELOW.

Name: _____ Name: _____

Title: _____ Titles: _____

Signature: _____ Signature: _____

Date: _____ Crossworld Securities Limited Representative _____

FOR OFFICIAL USE ONLY

Remarks _____

Relationship Officer's Name: _____ Signature: _____ Date: _____

Approving Officer's name: _____ Signature: _____ Date: _____

CROSSWORLD SECURITIES LIMITED 22B MILVERTON ROAD, IKOYI OPPOSITE STR. SAVIOUR SCHOOL, LAGOS. [Tel:01-2771230](tel:01-2771230), [08162820856](tel:08162820856).

Documentation checklist

Account opening form

2-passport photo

Photocopy of identification (International passport or driver's license. Other identification that

may be considered includes national identity card, identity card of corporate body duly registered in operation and student's identity card).

Signature

Indemnity form

CSCS particulars of client

Power of attorney to account operator (group of persons operating joint account).