

Affix
Passport
photograph
here

SIGNATORY PERSONAL INFORMATION FORM

Name (Surname First or Company's Name): _____

Mother's Maiden Name (in full): _____

For Company (Company's RC No.): _____

Title: _____ Date of Birth: _____ Place of Birth: _____

Sex: Male Female Marital Status: Single Married Widowed

Mode of Identification: National ID, Drivers' License, Int'l Passport Politically Exposed Person (PEP)? Yes No

I.D. Number: _____ CEERPAC/Resident Permit No: _____

Country of Origin: _____

State of Origin: _____ Local Government Area: _____

Residential / Contact Address: _____

Mailing Address: _____

National Identification Number (NIN): _____ Mobile phone: _____

Email Address: _____

Occupation (if business, please indicate the type): _____

Employer's Name: _____

Address: _____

Mobile Phone No: _____ Home/Business Phone: _____

BANK ACCOUNT DETAILS

Bank: _____ (NUBAN A/C No.): _____

A/C Name: _____

Bank Account Opened Date: _____

Bank Verification Number (BVN): _____

CSCS Number: _____ CHN No. (if you have another Stockbroking Account): _____

Source of Fund: _____

Client's Signature

Date

For FSL Staff Only:

Verified By

Name: _____

Signature: _____

Date: _____