



ACCOUNT UPDATE FORM

NASD

Name Individual/Organization: -----

Place of Employment /Designation: -----

Postal Address: -----

Office Address: -----

Home Address: -----

Phone No: ----- Mobile: ----- E-mail: -----

Mother's Maiden Name: -----

Int'l Passport/Driver's License/National ID/RC No: ----- Nationality: -----

Name Of Next Of Kin: ----- Relationship: ----- Phone: -----

State of Origin: ----- Local Govt: ----- Town/Village -----

Date of Birth/Incorporation/Registration:DD/MM/YYYY-----Tax Identification Number (TIN):-----

CSCS Account Number: ----- CHN Number: -----

Bank Name: -----Account No: ----- Account Name:-----

BVN: -----Date Account Opened: DD/MM/YYYY:-----

Purpose Of Account:-----

Source of Fund:-----

Authorized Signatories:

(1) Name:-----Signature:-----

(2) Name:-----Signature:-----

Attach the photocopy of following: Individuals - Driver's License or International Passport or National I.D. and Utility Bill.
Corporate: - Copies of Certificate of Incorporation, M EMART, Form C07, Form C02, Passport Photographs of two Directors, Board Re solution authorizing the opening of the account, Mandate list.

Undertaking:
I/We hereby authorize the company to manage a stockbroking account on my/our behalf.
I/We undertake to settle all outstanding dues as a result of my/our sell or buy mandate. Failing which the company is authorized to sell/hold such stocks/monies as may be adequate to offset any outstanding.

Name: -----Signature:----- Date: -----

Name: -----Signature:----- Date: -----

INFORMATION SUPPLIED WILL BE VERIFIED.

For Official Use Only
Relationship Officer: -----Signature & Date:-----

Compliance Officer: -----Signature & Date:-----

Approved by: -----Signature & Date:-----

