

# INDIVIDUAL ACCOUNT OPENING FORM

Category of Account (Tick as appropriate): Individual  Joint

Title	First Name				
Middle Name	Last Name				
Religion	Gender	Male	Female		
Date Of Birth (dd/mm/yyyy)	Place/Country of Birth				
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	Others _____		
State of Origin (Nigerians Only)	LGA				
Mother's Maiden Name					
Residential Address					
Mailing Address					
Date of Entry into Present Residence					
Country of residence	Nationality				
Do you carry other country's passport other than Nigeria? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, state the country _____					
Phone no	City Code	Country Code			
Email Address					
ID Type	<input type="checkbox"/> International Passport	<input type="checkbox"/> Driver's license	<input type="checkbox"/> National ID Card	<input type="checkbox"/> INEC Voters Card	<input type="checkbox"/> Others
ID Number	Issue Date	Expiry Date	Place of Issue	Tax Identification Number	

## Joint Account Holder

Name of Account				
Relationship with Joint Account Holder				
Name of Joint Account Holder				
Date of Birth (dd/mm/yyyy)			Place/Country of Birth	
Residential Address				
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Others:	
Country of Residence			Nationality	
Mobile Phone	City Code		Country Code	
Mobile Phone	City Code			
Personal Email Address				
ID Number	Issue Date	Expiry Date	Place of Issue	Tax Identification Number

## Employment Details

Level of Qualification					
Employment Status	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Retired <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Others <input type="checkbox"/>
Occupation/Employment Segment	Appointment Date				
Company Name					
Company/Office Address					
Official Telephone Number			Fax Number		
Official Email Address			Official Website		
Annual Average	<input type="checkbox"/> Less than 10m	<input type="checkbox"/> N10 - 50m	<input type="checkbox"/> N50m and Above		
Source of Investment Fund					
Purpose of Investment					

## Bank Account Details (Your Bank Account Name Details Should Correspond with CSCS Account Name)

Bank Name	Branch	Sort Code
Account Name	Account Number	
Bank Verification Number	Account Creation Date	

## Next Of Kin Details

Title	First Name	
Middle Name	Last 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	Other	
Email	Telephone Contact	
Contact Address of Next of Kin		

## Mandate

Mandate / Signing Instruction

## POLITICALLY EXPOSED PERSONS

Please state if any of your Directors, Signatories or Major Shareholders have held any Political Position or if any of their close relatives/ associates have occupied any Political Position. If yes, please state their names and their relationship with such persons:

- Name \_\_\_\_\_ Position Held \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_
- Name \_\_\_\_\_ Position Held \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_
- Name \_\_\_\_\_ Position Held \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_

## Attestation

I/We \_\_\_\_\_ declare that the information provided herein is true and correct. I/We agree that any information Found to be False may cause LightHouse Capital Group to decline the application or close the account if it has been opened.

\_\_\_\_\_  
Name, Signature and Date

\_\_\_\_\_  
Name, Signature and Date

## For Official Purpose Only

### Documentation Checklist

- |  |                          |                                   |                          |
|--|--------------------------|-----------------------------------|--------------------------|
| 5. Proof of address (e.g utility bill)   | <input type="checkbox"/> | 1. Completed account opening form | <input type="checkbox"/> |
| 6. Residence permit (for Non- Nigerians) | <input type="checkbox"/> | 2. Standard terms and conditions  | <input type="checkbox"/> |
| 7. Birth certification (for minors)      | <input type="checkbox"/> | 3. Passport photograph            | <input type="checkbox"/> |
| 8. Safe watch list                       | <input type="checkbox"/> | 4. Means of identification        | <input type="checkbox"/> |

Documentation Status	Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>	
Risk Rating	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Account Opening Authorized By			
Account Officer's Name \ Signature:		Date:	