

**BAUCHI OFFICE:**  
 3rd Floor NACRDB Building, 2 Kaduna Road, GRA,  
 Bauchi, Bauchi State.  
 Tel:07039617237

**LAGOS OFFICE:**  
 3, Dele Onabule Street,  
 Magodo Brooks Estate North Gate,  
 Off CMD Road, Magodo Shangisha, Lagos.  
 Tel: 01-4548946, 01-4542179, 08028278305, 08034023276

## 1. Joint Account Estate Account

(Account Owner must be at least 18 years of age. This section can be used for joint investors, where applicable)

Account Name:			
<b>1. Investor's Details</b>			
Surname		First Name(s)	
Middle Name(s)(if any)	Mother's Maiden Name(if any)	Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident Address		Nearest bus/stop	City State
Mailing Address	City	State	Nationality
Your Email Address		Date of Birth(dd/mm/yyyy)	
Mobile No:		Place of Birth:	
Bank Verification Number (BVN):		LGA	
State of Origin:		Date (dd/mm/yyyy)	
<b>ID TYPE</b> <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> Voters Card			
ID Number _____ Issue Date: _____ ExpiryDate _____ Place of Issue _____			
Others _____			

## 2. Investor's Details

Surname		First Name(s)		
Middle Name(s)(if any)	Mother's Maiden Name(if any)	Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Resident Address		Nearest bus/stop	City	State
Mailing Address	City	State	Nationality	
Your Email Address		Date of Birth(dd/mm/yyyy)		
Mobile No:		Place of Birth:		
Bank Verification Number (BVN):		LGA		
State of Origin:		Date (dd/mm/yyyy)		
<b>ID TYPE</b> <input type="checkbox"/> <b>International Passport</b> <input type="checkbox"/> <b>Driver's License</b> <input type="checkbox"/> <b>National ID Card</b> <input type="checkbox"/> <b>Voters Card</b> <input type="checkbox"/>				
ID Number _____ Issue Date: _____ ExpiryDate _____ Place of Issue _____				
Others _____				

## 3. Investor's Details

Surname		First Name(s)		
Middle Name(s)(if any)	Mother's Maiden Name(if any)	Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Resident Address		Nearest bus/stop	City	State
Mailing Address	City	State	Nationality	
Your Email Address		Date of Birth(dd/mm/yyyy)		
Mobile No:		Place of Birth:		
Bank Verification Number (BVN):		LGA		
State of Origin:		Date (dd/mm/yyyy)		
<b>ID TYPE</b> <input type="checkbox"/> <b>International Passport</b> <input type="checkbox"/> <b>Driver's License</b> <input type="checkbox"/> <b>National ID Card</b> <input type="checkbox"/> <b>Voters Card</b> <input type="checkbox"/>				
ID Number _____ Issue Date: _____ ExpiryDate _____ Place of Issue _____				
Others _____				

## 4. Bank Details

Bank Name:

Bank Account Number:

Bank Account Name:

Date Opened :

## 5. Additional Details

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 relative/ associate occupied a political position

Yes

No

If yes please state the names and your relationship with such person below:

1. Name: \_\_\_\_\_

Relationship : \_\_\_\_\_

Position Held: \_\_\_\_\_

2. Name : \_\_\_\_\_

Relationship \_\_\_\_\_

Position Held: \_\_\_\_\_

## 6. Mandate Instruction

Passport				
Name				
Signature				
Mandate				

## 8. Declaration

Please be informed that in compliance with the anti- money laundry legislation, transaction above N1,000,000.00 and N5,000,000.00 for individual and corporate organization respectively, will be reported to Nigerian Financial Intelligent Units (NFIU) or Securities and Exchange Commission (SEC).

- I confirm that the information given on this account opening form is true;
- That accounts are to be adequately funded and debited balances, if any, must be cleared within 3 days of its occurrence;

I/We \_\_\_\_\_ hereby declare that I understand the conditions stated above and that I agree to abide with the said conditions.

Signature (s)

Date (dd/mm/yyyy)

## FOR OFFICIAL USE ONLY

DSL A/C No: \_\_\_\_\_

CSCS A/C No: \_\_\_\_\_

Clearing House No: \_\_\_\_\_

Risk Rating  Low  Medium  High

CSO Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Account Officer Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

### Checklist

- Forms Completed
- Proof of Identity
- Proof Address
- Recent Photograph
- Signature
- BVN
- Bank Information