

CAPITAL BANCORP PLC
 3rd & 4th Floors, 9/11 Macarthy Street, Onikan
 P. O. Box. 1362, Lagos.
 Tel: 01-4622371-5, Fax: 01-4622370, 01-2706315

Please staple
 your recent
 passport
 Photograph
 here

Stockbroking Account Opening Form (Individual)

1. Personal Data

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

Surname Name		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. Other	
Street Address		City (no abbreviations)	State
Postal Address	City	State	Daytime Phone Number Evening Phone Number
Your Email Address		Date of Birth (dd/mm/yyyy)	Date of Birth (dd/mm/yyyy)
Signature	Signature	Thumb print (where applicable)	Date(dd/mm/yyyy)

2. Form of Identification and Source of Funding

Kindly indicate by ticking the form of identification provided below and enclose photocopy of the supporting documents. Please note that due to Anti-money Laundering Legislation, the account may not be opened until the required documents are verified. National Identity Card
 Driver's License International Passport Student Identity Card (if a student) Corporate Identity Card (if employed) 3 months receipts from public utilities

Business/Employer's Name (Educational Institution -if currently a Student)		Business/Employer's or School's Full Address	
City (no abbreviations)	State	Phone Number	Fax Number
Objective(s) for opening the account		Sources of wealth or income	

3. Next of Kin

First Name		Last Name	
Middle Name(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. Other	
Street Address		City	State
Postal Address	City	State	Daytime Phone Number Evening Phone Number

Please Turnover

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4. Referee

First Name		Last Name		
Middle Name(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. Other		
Street Address		City (no abbreviations)		State
Postal Address	City	State	Signature	Daytime Phone Number

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First Name		Last Name		
Middle Name(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. Other		
Street Address		City (no abbreviations)		State
Postal Address	City	State	signature	Daytime Phone Number

5. Declaration

Please be informed that in compliance with the anti-money laundry legislation, transactions above N1,000,000 and N5,000,000 for individual and corporate organisation respectively, will be reported to The Central Bank of Nigeria (CBN) 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;
- ❖ that debit balances not cleared within 3 days will attract interest, at two and half times the treasury bill rate prevailing at the beginning of the month in question or 22%, whichever is higher; and
- ❖ that the Company reserves the right to sell from the portfolio of the defaulter to clear the debit balance and the accrued interest, if the balance is not cleared after 14 days.

I 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

Receiving Officers	Signature	Date (dd/mm/yyyy)
Designated Account Officer	Signature	Date (dd/mm/yyyy)
Authorised by	Signature	Date (dd/mm/yyyy)
Checked by	Signature	Date (dd/mm/yyyy)