



Attach Passport Photograph

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ACCOUNT OPENING FORM

This form must be read with and forms part of the stock broking terms and conditions.

NEW CLIENT AMENDMENT

SECTION A: BASIC DETAILS

NAME OF ACCOUNT: CONTACT ADDRESS: POSTAL ADDRESS: COUNTRY OF RESIDENCE: CONTACT PHONE NUMBER: CONTACT EMAIL: TYPE OF ACCOUNT: JOINT ESTATE NGO

SECTION B: SIGNATORIES' DETAILS

AUTHORIZED SIGNATORY (1) SURNAME: OTHER NAMES: STATE OF ORIGIN/LGA: NATIONALITY: DATE OF BIRTH: TELEPHONE NUMBER: EMAIL ADDRESS: OCCUPATION: EMPLOYER'S NAME: EMPLOYER'S ADDRESS: PERIOD WITH CURRENT EMPLOYER:

AUTHORIZED SIGNATORY (2) SURNAME: OTHER NAMES: STATE OF ORIGIN/LGA: NATIONALITY: DATE OF BIRTH: TELEPHONE NUMBER: EMAIL ADDRESS: OCCUPATION: EMPLOYER'S NAME: EMPLOYER'S ADDRESS: PERIOD WITH CURRENT EMPLOYER:

GROSS MONTHLY INCOME: 500K-1M 2M-5M 5M&ABOVE IDENTIFICATION DOCUMENTS: INTERNATIONAL PASSPORT DRIVERS' LICENSE NATIONAL ID UTILITY BILL

SIGNATURE:

SIGNATURE:

AUTHORIZED SIGNATORY (3)

SURNAME: _____

OTHER NAMES: _____

STATE OF ORIGIN/LGA: _____

NATIONALITY: _____

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

PERIOD WITH CURRENT EMPLOYER: _____

GROSS MONTHLY INCOME: 500K-1M 2M-5M 5M&ABOVEIDENTIFICATION DOCUMENTS: INTERNATIONAL PASSPORT DRIVERS' LICENSE NATIONAL ID UTILITY BILL

SIGNATURE: _____

AUTHORIZED SIGNATORY (4)

SURNAME: _____

OTHER NAMES: _____

STATE OF ORIGIN/LGA: _____

NATIONALITY: _____

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

PERIOD WITH CURRENT EMPLOYER: _____

GROSS MONTHLY INCOME: 500K-1M 2M-5M 5M&ABOVEIDENTIFICATION DOCUMENTS: INTERNATIONAL PASSPORT DRIVERS' LICENSE NATIONAL ID UTILITY BILL

SIGNATURE: _____

SECTION C: BANK DETAILS

NAME OF BANK: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____

DATE OF ACCOUNT OPENING: (DD/MM/YY) _____

BVN: _____

SECTION D: INVESTMENT DETAILS

INITIAL INVESTMENT (₦):

MODE OF PAYMENT:

BANK TRANSFER CHEQUE

MODE OF COMMUNICATION:

E-MAIL COURIER TELEPHONE

INVESTMENT OBJECTIVE:

INCOME GROWTH CAPITAL PRESERVATION ALL

SECTION F: FEEDBACK

Please indicate how you heard about MERISTEM:

MERISTEM WEBSITE NEWSPAPER RADIO JINGLES MAGAZINE SEMINARS OTHERS

WORD OF MOUTH (PLEASE SPECIFY WHO): _____

FURTHER DETAILS

Kindly state the purpose and reason for opening the account

MONEY LAUNDERING ACT

To help the Federal Government of Nigeria fight the funding of terrorism and money laundering activities, the Money Laundering (Prohibition) Act 2013 requires all financial and non-financial institutions to obtain, verify and record information that identifies each person who opens an account. In this regard, when you open an account with us at MERISTEM Securities Limited, we will ask for your name, address, means of identification, occupation and other information that will enable us to identify you and verify your identity on an ongoing basis.

Furthermore, in compliance with the money laundering (Prohibition) Act 2013, any single transaction, lodgment or transfer of funds in excess of ₦5, 000,000.00 or its equivalent in the case of an individual or ₦10, 000,000.00 or its equivalent in the case of a corporate body shall be reported in writing within 7 days to the Nigerian Financial Intelligence Unit (NFIU) and the Securities and Exchange Commission (as applicable).

SIGNATORY 1

SIGNATORY 3

SIGNATORY 2

SIGNATORY 4

DATE: _____

THANK YOU FOR CHOOSING MERISTEM STOCKBROKERS LIMITED.