

INDIVIDUAL ACCOUNT OPENING FORM



Surname

Other Names

Title (Mr /Mrs/ Dr/ Chief /Others Date of Birth.

Nationality.....

International Passport /Drivers Licence

Date of Issue Expiry Date

Residential Address.....

.....

.....

Occupation.....

Marital Status

Mailing Address

Telephone No(s) Mobile No

Fax Number (s)

Mother's maiden Name

Name of Spouse(if Married)

Address

Date of Birth Email Address

Telephone No Mobile No

Next of Kin

Address of Next of Kin Relationship

Address of next of Kin

I wish to open an investment account and confirm that the above information is true

Customer's signature..... Date.....