



**KNOW-YOUR-CLIENT (KYC) FORM - JOINT ACCOUNT**

| Identity Details  |                   |         |
|---|-------------------|---------|
| Joint Name:   |                   |         |
| State of Origin   | L.G.A             |         |
| Postal Address (if different):  |                   |         |
| Residential Address   |                   |         |
|   |                   |         |
| Email Address:  |                   |         |
| Telephone:  |                   |         |
| CHN No With other Stockbroker:  |                   |         |
| Please Note: Failure to declare your CHN number with other Stockbroker will attract a <b>FINE</b> of <b>N5,000.00</b> |                   |         |
| Source of Funding   |                   |         |
| Annual Turnover: Less than N5m / N5m – N50m / N50m – N500m / N500m and Above  |                   |         |
| Purpose of Investment:  |                   |         |
| Joint Bank Account Details (Your Bank Account Name should correspond with your CSCS Account Name)                     |                   |         |
| Bank:   | Account Name:     |         |
| Account No:   | Date Of Creation: | Branch: |
| Details of Joint Signatories  |                   |         |
| Name (Surname first):   |                   |         |
| Date of Birth (dd/mm/yyyy):   | Email Address     |         |
| Telephone:  | Signature:        |         |
| Residential Address:  |                   |         |
|   |                   |         |
| Name (Surname first):   |                   |         |
| Date of Birth (dd/mm/yyyy):   | Email Address     |         |
| Telephone:  | Signature:        |         |
| Residential Address:  |                   |         |
|   |                   |         |
| Name (Surname first):   |                   |         |
| Date of Birth (dd/mm/yyyy):   | Email Address     |         |
| Telephone:  | Signature:        |         |
| Residential Address:  |                   |         |
|   |                   |         |

**Questionnaire**

Has any of you occupied any Political Position?

Yes / No      If yes, please give details: \_\_\_\_\_

Has any close relative/associate of any of you occupied a Political Position?

Yes / No      If yes, please give details: \_\_\_\_\_

**Declaration**

We attest that all information provided herein is accurate and would notify you to update your records where any change occurs. We agree to be bound by the terms and conditions governing the operation of a stockbroking account.

*Signature and Date (please seal):*

**For Official Use Only**

Verified by: \_\_\_\_\_ Signature and Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature and Date: \_\_\_\_\_

**Document Check List**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Completed KYC form   | <input type="checkbox"/> | <input type="checkbox"/> |
| Means of Identification of the Signatories<br><i>(e.g. International Passport, Driver's License, National ID Card)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Passport Photograph of the Signatories   | <input type="checkbox"/> | <input type="checkbox"/> |
| Signature Mandate  | <input type="checkbox"/> | <input type="checkbox"/> |