



Arthur Steven Asset Management Ltd.

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

1st Floor, Right Wing 26 McCarthy Street, Onikan, Lagos

Tel: 01-4548503, 07098212936, E-mail: arthurstevensmgt@gmail.com

INDIVIDUAL/JOINT ACCOUNT OPENING FORM

Title Surname: _____

Other Names: _____

Marital Status: _____ Sex: M F

Residential Address (Not P.O Box) _____

Mailing Address _____

Telephone
Mobile: _____ Office: _____ Home: _____

Email Address _____

Date of Birth: / / Nationality: _____
Day Month Year

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

ID Type: Int'l Passport Driver's License National ID Others _____
(Please Specify)

ID No: _____

Date Issued / / Place of Issue: _____
Day Month Year

Foreigners' Resident Permit No: _____ Permit Validity: _____

Type of Account: Stockbroking Loan Treasury Asset Mgt Portfolio Mgt

Preferred Means of Communication: Email Telephone Others _____
(Please Specify)

Proof of Address Provided: Electricity Bill Water Bill Telephone Bill Others

Security Question:

Mother's Maiden Name: _____

Mother's Place of Birth: _____

Favourite Food: _____

Investment Details

Initial Deposit: _____

Mode of Payment: _____

Mode of Account Operation: Discretionary Non-Discretionary (Please tick)

Other Details

Name of Spouse: _____

Wedding Anniversary: _____

Name of Children: _____

Spouse Contact Telephone Number: _____

Signature (for mandate purposes). Please sign in black ink within the box

Passport
Photograph

REFERENCE INFORMATION

Referee's Name & Address: _____

Email: _____ Phone No: _____

NEXT OF KIN

Names: _____

Relationship: _____ Mobile No: _____

Contact Address: _____

BANK ACCOUNT INFORMATION

Name of Bank: _____

Address of Bank: _____

Date of Creation of Bank Acct: _____

Account Type: _____

Account Number: _____ Sort Code: _____

PLEASE STATE ACCOUNT HOLDER'S SOURCE OF FUNDS

POLITICALLY EXPOSED PERSONS (PEP)

The Anti-Money Laundering and Combating Financing of Terrorism Act require that all our Clients declare if they are politically exposed. Politically Exposed Person (PEP) are those holding political office in Nigeria or elsewhere or their immediate family members. If applicable, please state below:

Full Name: _____

Political Position Held: _____

Relationship with PEP: _____

Level: _____

(Federal, State or Local govt)

Name of State or Local Govt: _____

Date Appointed or Elected / /
Day Month Year

DECLARATION

I/We hereby request and authorize ARTHUR STEVEN ASSET MGT LTD to open a stockbroking account in my/our name(s) and certify that all the information provided by me/us are true and correct.

For any reason arising from my/our mandate, Arthur Steven enters into any transaction on my/our behalf resulting in my/our account being thrown into debit, I/We authorizes Arthur Steven Asset Management Limited to sell any share(s) in my/our portfolio to offset such debit balance including accrued interest arising thereof.

Arthur Steven Asset Management Ltd reserves the right to sell shares in any account that is not funded within seven days to formalize the account.

All deposit payment shall be by cheque, bank draft or credit advice. It is the company's policy not to enter into cash transaction with the clients and shall not be held responsible for any liability arising from such transaction.

Payment for proceeds of sales shall be by crossed cheque written in the name of the beneficial/owner whose name appeared on the share certificate or deposit instrument or account holder.

Any change in my/our address or any material information shall be communicated immediately to ARTHUR STEVEN ASSET MGT LTD. By signing this application form, I agree to be bound by the terms and conditions of the account if this application is accepted. If am signing under a Power of Attorney, I declare that the Power of Attorney has not been amended or revoked.

SIGNATURE OF CLIENT

SIGNATURE OF CLIENT (IF JOINT)

DOCUMENTATION & FORM ATTACHED TO APPLICATION

CHECKLIST FOR INDIVIDUAL/JOINT

	YES	NO	WAIVED
1. MEANS OF ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. UTILITY BILL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ONE PASSPORT PHOTOGRAPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. EVIDENCE OF SHARE PURCHASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. MANDATE LETTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

Remarks:

Relationship Officer's Name: _____ Signature _____ Date _____

Approving Officer's Name: _____ Signature _____ Date _____

Security Officer's Name: _____ Signature _____ Date _____

Head of Operations: _____ Signature _____ Date _____