



SMADAC SECURITIES LIMITED (RC 460957)
(Member of The Nigerian Stock Exchange)

INDIVIDUAL INVESTMENT APPLICATION FORM

Personal Data

Title: Mr. Mrs. Ms. Other.

Name of Investor(s):

Date of Birth: State of Origin:

L.G. Area: Nationality:

International Passport or Driver's License No.:

Issue Date: Expiry Date:

Residential Address: (Street Number)

Tel. Home: Bus: Fax:

Mobile No. E-mail:

Occupation:
(If Business, Please State Type of Business E.G. Contractor)

Mailing Address: (if different from above)

Mother's Maiden Name (Surname):

Next of Kin:

Relationship to Applicant:

Next-of-Kin Contact Address: (if different from applicant's):

Purpose/Reason for opening the account:

Source of Income:

Initial Investment: (Cheques):

CURRENT ACCOUNT BANK DETAILS (Your Bank Account Name Details should correspond with CSCS Account Name)

Bank Name: Branch:

Account Name: Account Number:

Bank Account Opening Date: BVN No.:

****PLEASE AFFIX TWO RECENT PASSPORTS SIZE PHOTOGRAPH**



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For Office Use Only

Account Officer's Name:

Account Officer's Signature & Date:

Client's Account Number:

CSCS (CHN) Number:

Introduced By:

Checklist

S/N	Details for Individual Account	Yes	No	Waived
1.	Duly completed Account Opening Form with two recent clear passport photographs with Names & Signature on the reverse side			
2.	Means of Identification (Copy of International passport, Driver's License & National ID Card)			
3.	Proof of address - Utility Bill. (PHCN/Water/Telephone Bill)			
4.	Minimum Initial Deposit			
5.	Visitation Report			

Account Waiver Approved By:

Compliance Manager:

Signature:



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Declaration

I/We declare that the information given in the Investment Individual Application Form is true and correct. We agree that any information found to be false may cause SMADAC Securities Limited to decline the application or close the account if it has been opened. Should any details change in future, I/We shall inform SMADAC Securities Limited promptly. I/We note that SMADAC Securities Limited shall not bear any responsibility whatsoever for funds handed to members of staff for any cash payment made to any account person for the purpose of account opening.

Funding Account In Debit

Purchase of Stock into client's unfunded account is allowed only in cases where there is a formal approval from the appropriate authorities and must not exceed four(4) days, transaction day plus 3(three) days (i.e T + 3).

Where the execution of the valid mandate throws the account into debit an overdraft position is created. Any sum standing to the debit of client's account as a result of this overdraft position and not liquidated after 4(four) days shall automatically be liable to interest charges at a prevailing market rate. SMADAC Securities Limited is authorized to debit client account with usual charges, commission and interests for such facilities.

Order of Payment

Transaction settlement on The Nigerian Stock Exchange is done on a trading day plus three days (i.e T+3). In compliance with this regulation, payment for consummated sales mandates is on a trading day plus four days consideration. SMADAC Securities Limited pays in crossed cheques written in the name of the beneficiary whose name appears on the share certificate or account holder. The acceptable means of identification here is a current Driver's license, National Identification card or a current International Passport.

Execution of Mandates

Where a purchase mandate is dependent on the sales proceeds of stocks, the purchase mandate will not be executed until the sales transaction has been executed. The sale mandate will also be executed even if the stocks to purchase are not available.

Verification of Certificates

To facilitate prompt verification of certificates, clients should endeavor to attach copies of share application form, dividend warrants and banker's confirmation of the client's signature as the case demands. SMADAC Securities Limited will not be responsible for verification delays due to incomplete documentation, irregular signature issue or any other reasons outside its sphere of control.

Confirmation:

I/We confirm assent to be bound by the terms and condition stated above and also the information provided herein is accurate and would notify you to update my/our records where any changes occurs

Client Name:

Signature:

Date:

****PLEASE THUMB PRINT**

Right thumb Print



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VISITATION REPORT

Client's Name:

Client's Address:
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Account Officer:

DESCRIPTION OF RESIDENT

Signature:

Date: