AFFIX YOUR PASSPORT PHOTOGRAPH HERE

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GOLDEN SECURITIES LIMITED

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

ST. PETER'S HOUSE, 7^{TH} FLOOR, 3, AJELE STREET, LAGOS.

Phone: 01-7406604, 01-7406608, 07098141924

E-mail: info@goldencapitalplc.com



CORPORATE ACCOUNT/UPDATE

Α	1.0	PROFILE OF CLIENT:				
	1.1	Type of Client: Gene	eral Nor	minee		
	1.2 Name, Registered Address & Other Information					
	1.3	Postal Address:				
	1.4	Date of Incorporation:				
	1.5	1.5 Telephone Numbers:				
				RC Number:		
	Office:		E-mail:			
В	2.0	ITEMS FOR INDENTIFICATION				
	The following documents are submitted for my (our) Identification purpose.					
		Recent passport photograph	1. 🔲	1.		
			2.	2.		
			3.	3.		
		2. Evidence of Identification:	1. 🔲	1.		
			2.	2.		
			3.	3.		
	3. Confirmation of Address (most recent public utility receipt): NEPA Bill, Water Bill Tel. Bill 4. Board Resolution 5. Form CO2 & CO7 6. Certificate of Incorpor					
С	3.0	BANK ACCOUNT DETAILS				
	Bank N	lame:		Branch:		
	Curren	t Account Number:				

D	4.0	SIGNATORIES				
	4.1	Names of Directors:		Signatures:		
	i.		— А			
	ii.		— В			
	iii.		с			
	i.		A			
	ii.					
	iii.					
	4.1	Signing Combination:	· ·			
	i.	A and B	ii.	Give your specification: —————		
		A alone —		Anyone —		
	iii. 2.0					
E	3.0	TYPE OF INVESTMENT REQUIRED: MANDATE ON PORTFOLIO:	SELF MANAG	ED MANAGED PORTFOLIO		
	3.1	Broker's Discretion				
				horahy outhoriza		
	I, (We) ————————————————————————————————————					
	3.2 Joint Decision (Non Discretionary)					
	I, (We) ————————————————————————————————————					
	shares	in my (our) portfolio to be reviewed or trade	ed on.	do not want the		
	6.0	DECLARATION				
F	I,(We) confirm to have read and understood the mechanism for operating my (our) account as stated above. Gold					
	Securit	ies Limited will not be held responsible for a	ny misjudgement.			
	6.1	Client's Signature				
		Name		Signature		
		1. —				
(At least 2 Signatories 2.						
	should s	sign if 3. ———————————————————————————————————				
	Joint Ac	count) 4.				
		5. —				
	FOR OFFICIAL USE ONLY Account Officer:					
	Verified	d By:				
	Custom	er Care Officer.:		Date:		
	Approv	ed By (H.O.D):		- Date: ———		
	Compli					
	Chief Co	ompliance Officer:		- Date:		
		Securities A/C No:		CSCS Account No:		
	Special	Instructions:		Clearing House No:		