



ZENITH SECURITIES LIMITED

INDIVIDUAL STOCKBROKING

A C C O U N T



INDIVIDUAL STOCKBROKING ACCOUNT OPENING FORM

(Passport Photograph)

(Passport Photograph)

SURNAME: _____ OTHER NAMES: _____

DATE OF BIRTH: _____ NATIONALITY: _____ RELIGION: _____

SEX: _____ MALE _____ FEMALE _____

STATE OF ORIGIN: _____

MARITAL STATUS: _____

MAILING ADDRESS: _____

CONTACT ADDRESS (Not P.O.Box): _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBERS: _____ FAX: _____

NEXT OF KIN: NAME: _____

RELATIONSHIP: _____

FORM OF ID: **Please tick as appropriate**

DRIVERS LICENCE NO. _____

INTERNATIONAL PASSPORT NO. _____

NATIONAL ID CARD NO. _____

OCCUPATION/PROFESSION: _____ PASSPORT NO./DRIVING LICENSE/NATIONAL IDENTITY CARD: _____

EMPLOYER/NATURE OF BUSINESS: _____

RECEIPT OF QUARTERLY CSCS STATEMENT OF STOCK POSITION:

POST COURIER PERSONAL COLLECTION

RECEIPT OF CONTRACT NOTE(S):

POST COURIER PERSONAL COLLECTION E-MAIL

INITIAL INVESTMENT: ^(£) _____

MODE OF PAYMENT: CHEQUE DRAFT

Authorised Signatory

Authorised Signatory



ZENITH SECURITIES LIMITED (ZSL)

Stockbroking

Zenith Securities Limited is the stockbroking arm of Zenith Investment Banking Group.

Our services include:

- Stockbroker to primary issues
- Securities (equities & bond) trading
- Securities perfection
- Receiving agent on primary issues
- Market research & performance analysis and
- Advisory services to guide clients' transactions

Our target market on stockbroking is restricted to individuals and institutional investors with a minimum investment of N1,000,000.00

(FOR OFFICIAL USE ONLY)

S/N	DOCUMENTS OBTAINED	IN PLACE	WAIVER
1.	Identification:		
	(a) International Passport		
	(b) Drivers Licence		
	(c) National ID Card		
2.	Passport Photographs		
3.	Verification of Signature		
4.	Signature Cards		
5.	Mandate		
6.	Public Utility Receipt / Invoice		

CUSTOMER INTRODUCED BY _____
NAME & SIGNATURE

RELATIONSHIP OFFICER _____
NAME & SIGNATURE

WAIVER APPROVED BY _____
NAME & SIGNATURE

APPROVED BY	INITIAL	DATE
Legal Officer		
Account Officer		
Approval		

ACCOUNT OPENING REQUIREMENTS

1. Duly completed account opening form.
2. Two (2) recent clear passport-size photographs of each signatory to the account with their names and signature written on the reverse side.
3. Identification of signatories - International passport, driver's licence or National ID Card. (Original to be sighted).
4. Public Utility Receipt - Tax Clearance Certificate (TCC), NEPA Bills, Water Bills or Telephone Bills (Original to be sighted) which must bear your current address.
5. Mandatory Initial Deposit.



ZENITH SECURITIES LIMITED (ZSL)
MANDATE FOR STOCKBROKING

NAME OF ACCOUNT: _____ ACCOUNT NO: _____
 POSTAL ADDRESS: _____
 CONTACT ADDRESS: _____
 TELEPHONE: _____

<p>1. NAME OF SIGNATORY.....</p> <p style="text-align: right;">CATEGORY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%; height: 30px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Mobile Phone No.:</td> </tr> </table> <p>2. NAME OF SIGNATORY.....</p> <p style="text-align: right;">CATEGORY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%; height: 30px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Mobile Phone No.:</td> </tr> </table>			Mobile Phone No.:				Mobile Phone No.:		<p>3. NAME OF SIGNATORY.....</p> <p style="text-align: right;">CATEGORY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%; height: 30px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Mobile Phone No.:</td> </tr> </table> <p>4. NAME OF SIGNATORY.....</p> <p style="text-align: right;">CATEGORY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%; height: 30px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Mobile Phone No.:</td> </tr> </table>			Mobile Phone No.:				Mobile Phone No.:	
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MANDATE	COMPANY STAMP/SEAL SPECIMEN (If required for mandate)																

FOR OFFICIAL USE

REMARK _____

RSM OFFICER _____

COMPANY STAMP/SEAL REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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APPROVAL _____ DATE _____