

# Online Application Form



**SECURITIES AFRICA**

Securities Africa Financial Limited  
(Member of The Nigerian Stock Exchange)  
RC437419

The convenience of transacting anytime, anywhere enabled by the internet is available to our clients. Clients can enjoy online transaction in a secure environment. To benefit from this, please fill this form.

## APPLICANT'S DETAILS

Title  Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Telephone  
Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Home: \_\_\_\_\_

Date of Birth:  /  /  Nationality: \_\_\_\_\_

Valid e-mail Address: \_\_\_\_\_

Confirm e-mail Address: \_\_\_\_\_

BVN (Bank Verification Number): \_\_\_\_\_

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

### Note:

Your user ID will be your Account Code while Securities Africa Financial Limited will send you a default password which we expect you to change after your first log in.

### For Official Use Only

#### Approved By:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Operative Account Number \_\_\_\_\_

#### For further enquiries

Please send a mail to [salesng@securitiesafrica.com](mailto:salesng@securitiesafrica.com)

Call us on: +234-01-3429185

# Individual Application Form



**SECURITIES AFRICA**

Securities Africa Financial Limited  
(Member of The Nigerian Stock Exchange)  
RC437419

Title  Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Others \_\_\_\_\_  
(Please specify)

Residential Address (not P.O. Box) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone  
Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth:   /   /      
Day Month Year Nationality: \_\_\_\_\_

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 Licence ☐ National ID ☐ Others \_\_\_\_\_  
(Please specify)

ID No.: \_\_\_\_\_

Date Issued   /   /      
Day Month Year Place of Issue \_\_\_\_\_

Foreigners' Resident Permit No: \_\_\_\_\_ Permit Validity: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Type of Account: Stock broking ☐ Loan ☐ Treasury ☐ Asset Mgt ☐ Portfolio Mgt ☐  
(Please tick type of Account (s) you want to open)

Preferred Means of Communication: Email ☐ Telephone ☐ Others \_\_\_\_\_  
(Please specify)

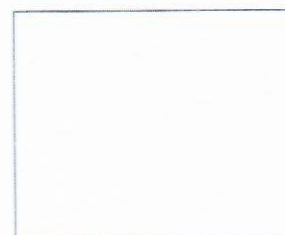
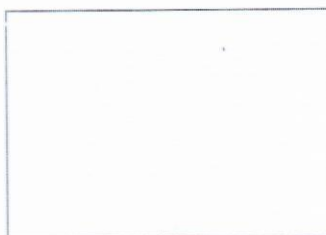
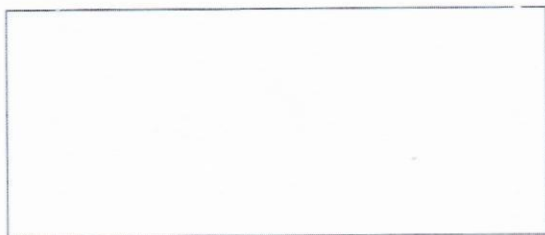
Referee's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Date

Passport Photo



### NEXT OF KIN

Names: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Contact Address: \_\_\_\_\_

### BANK ACCOUNT INFORMATION

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Account Type: \_\_\_\_\_

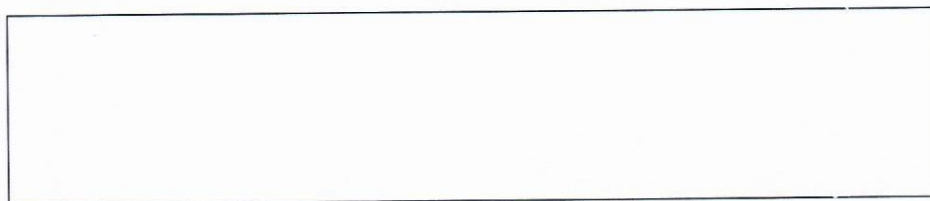
Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account opened Date: \_\_\_\_\_

BVN (Bank Verification Number) \_\_\_\_\_

### 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 persons (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

☐ I confirm that all the information provided in this form is correct and accurate.

By signing this application form, I apply for an account with Securities Africa Financial Limited and agree to be bound by the terms and conditions of the account if this application is accepted. If I am signing under a Power of Attorney, I declare that the Power of Attorney has not been amended or revoked.

**Note:** All information is treated as confidential but may be required by the regulatory authorities, e.g. SEC, NSE etc

### FOR OFFICE USE ONLY

#### Checklist of attached documents

	YES	NO	WAIVED	DEFER	UNTIL
Copy of Identification: Driver's license or International Passport or National ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
One passport size photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

The applicant(s) was/were interviewed by me by telephone/in person (delete as appropriate).

I recommend that a ..... Account be opened as requested.

Relationship Officer's Name: ..... Signature: ..... Date: .....

Head of Unit's Name: ..... Signature: ..... Date: .....

Executive Management Remarks:

.....  
 .....

Head of Operations: ..... Date: .....