

## ACCOUNT OPENING FORM – INDIVIDUAL

### 1. Personal

Name

(Title) (Surname) (First Name) (Middle Name)

Sex  M  F Date of Birth  DD  MM  YY Place of Birth

Country of Birth  Mother's Maiden Name

Residential Address

City  State  Country

Mailing Address

City  State  Country

E-mail  Phone

Nationality  Do you have Dual Citizenship?  Yes  No  Please state the second Country here

Identity type  Driver's License  National Identity Card  Int. Passport  Others  →  Please specify

ID Number  Expiry Date  DD  MM  YY

### 2. Career/Employment

Occupation  Employer

Employer's Address  Phone No.

Employment Status  Salaried Employment  Self-Employed  Retired  Unemployed  Student

Expected Annual Turnover  Less than N5m  N5m to N20m  N20m to N100m  N100m & above

Source of Fund  Salary  Business Income  Investment/Sale of Property  Personal Savings  Others

### 4. Next of Kin Information

Name

Sex  M  F Date of Birth  DD  MM  YY Relationship

Nationality

Contact Address

Phone  Email

### 5. Account Type

Kindly select your preferred account type

Collective Investment Schemes  Fixed Income  Foreign Currency Investments  Investment Plans

Separately Managed Accounts  Stockbroking  → Existing CHN?  Fill your CHN here where applicable

Others →  Please specify

## 6. Portfolio Management (For Asset Management Clients Only)

### Separately Managed Accounts

Discretionary Portfolio Management Account  Non-Discretionary Portfolio Management

### Investment Plans

Balanced  Conservative  Ethical  Growth  Guaranteed  Others →

## 7. Bank Account Details

1. Bank Name (Naira)  Account No.   
 Account Name

2. Bank Name (Naira)  Account No.   
 Account Name   
 Bank Verificaatn Number (BVN)

3. Bank Account (Foreign Bank) Currency  USD  GBP  Others  Swif Code   
 Account Name   
**Correspondent Bank:**  
 SwiftCode  Routing No/Sort Code   
 Account Number  IBAN (where applicable)

**For Further Credit:**  
 Beneficiary Account Name   
 Beneficiary Account No   
 Beneficiary Address

## 8. Questionnaire

a. Investment Objective  Investment Protection  Wealth Accumulation  Retirement  Future commitment

b. Investment Experience  Limited  Good  Extensive  None

c. Investing Experience  None  1-2 years  2- 5 years  Over 5 years

d. Investment Time frame  < 1 year  1-2 years  2- 5 years  Over 5 years

e. Are you a permanent resident of any other country? Yes  No   
 If yes, kindly ensure to fill the FATCA Form attached.

f. Have you occupied any political office? Yes  No   
 If yes, kindly state the last two (2) political office occupied.  
 1. \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_  
 2. \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_

g. Have any of your close relatives/associates occupied a political office? Yes  No   
 If yes, kindly state the names and your relationship with such persons:  
 1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_

## 9. Client Attestation and Signature

I/We \_\_\_\_\_ attest that all information provided herein is accurate and would notify CardinalStone to update my/our records where any change occurs.

SIGNATURE

DATE

PASSPORT PHOTOGRAPH

THUMB PRINT

**FOR OFFICE USE ONLY - INVESTMENT ADVISOR**

Branch                      Head Office                       Abuja

Client Category            Mass Affluent                       HNI                       Foreign Instituti                       Local Instit ution

Employee

Secondary Relationship

Secondary Relationship Category    Client                       Storming                       Employee                       Cold Calling                       Others

Client Relationship Type                      Execution nly                       Custodian Relatio ship

Risk Assessment Profile            Low Risk                       Medium Risk                       High Risk

Politi ally Exposed Persons    Yes                       No

Investment Advisor's Name

Investment Advisor's Sign

Date

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Account Opening Requirement Checklist	Provided	Waived	Account Opening Requirement Checklist	Provided	Waived
1. Completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	6. Completed Share Transfer Form	<input type="checkbox"/>	<input type="checkbox"/>
2. Passport Photograph	<input type="checkbox"/>	<input type="checkbox"/>	7. Signed Stockbroking/Online Agreement	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Means of Identif ican	<input type="checkbox"/>	<input type="checkbox"/>	8. Completed Investor Profile Quesstio aire	<input type="checkbox"/>	<input type="checkbox"/>
4. Utlity bill/Proof of Address	<input type="checkbox"/>	<input type="checkbox"/>	9. Signed Portolio Management Agreement	<input type="checkbox"/>	<input type="checkbox"/>
5. Bank Verificaatn Number	<input type="checkbox"/>	<input type="checkbox"/>			

Comments/Additonal Informaton

Operation Unit Officer

Signature/Date

Compliance Unit

Signature/Date