



ICMG SECURITIES LIMITED

(MEMBER OF THE NIGERIAN EXCHANGE GROUP LIMITED)

Invest today for tomorrow's security

24, Ademola Street, S.W. Ikoyi, P.O.Box 74365

Victoria Island, Lagos, Nigeria

Tel: 08022887783,

PLEASE ATTACH AT LEAST 1
PASSPORT OF AUTHORISED
SIGNATORIES.

ACCOUNT OPENING FORM – K.Y.C. VERSION

I/We request the opening of-----account with ICMG SECURITIES LTD.

I/We understand that the information given hereunder is the basis for opening the account and I/We confirm that the said information is correct.

NOTE: Your account is automatically on DIRECT CASH SETTLEMENT with CSCS upon creation. OPT OUT: YES / NO

1. SURNAME_____ FIRST NAME_____ MIDDLE NAME_____

2. DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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3. CORRESPONDENCE ADDRESS_____

4. RESIDENTIAL ADDRESS_____ CITY_____

5. E-MAIL ADDRESS_____ TEL.NO _____

6. OCCUPATION/NATURE OF BUSINESS_____

7. EMPLOYER'S NAME_____ JOB TITLE_____

8. EMPLOYER'S ADDRESS_____

9. BANKER'S NAME_____ BVN _____ A/C NO _____

10. BANK SORT CODE_____ DATE ACCT. OPENED

D	D	M	M	Y	Y	Y	Y
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11. INITIAL DEPOSIT =N=_____ VALUE OF CERT.DEPOSITED=N=_____

12. NATIONALITY_____ STATE OF ORIGIN_____

13. LOCAL GOVT.AREA OF ORIGIN_____ COUNTRY OF RESIDENCE_____

14. NEXT-OF-KIN (NAME)_____ RELATIONSHIP_____

15. NEXT OF KIN PHONE NO._____ NEXT OF KIN CHN_____

16. NEXT-OF-KIN (ADDRESS)_____

17. MOTHER'S MAIDEN NAME_____ IDENTIFICATION CARD TYPE_____

18. IDENTIFICATION CARD NO _____ DATE/PLACE OF ISSUE_____

19. UTILITY BILL TYPE_____ MONTH OF ISSUE_____ ADDRESS_____

Authorized Signatory_____ Date_____

***ENSURE TO SIGHT THE ORIGINAL & PHOTOCOPY A FORM OF IDENTIFICATION: DRIVER'S LICENSE, NAT.ID.CARD OR INT.PASSPORT*
ENSURE THAT ONE PASSPORT PHOTOGRAPH IS ATTACHED TO THIS FORM *A PHOTOCOPY OF YOUR UTILITY BILL IS ATTACHED TO THE COMPLETED FORM**

PLEASE TURN OVERLEAF

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DATE.....

The Managing Director
ICMG SECURITIES LTD
24, Ademola Street,
S.W.lkoyi, Lagos

Dear Sir,

Re: AUTHORITY TO SET-OFF

I/We agree, having been explained to, that ICMG does not give loan of any type including that for the purpose of trading in shares.

Accordingly, I/We pledge not to overdraw my/our account or leave my/our account overdrawn at any time for any reason.

I/We hereby authorize you to dispose shares in my CSCS account sufficient to liquidate any debit balance in my/our naira account with you.

Yours faithfully,

AUTHORISED SIGNATURE