

ASSET MANAGEMENT

Personal Information

Title	_____	First Name	_____							
Middle Name	_____									
Surname	_____									
Date of Birth	_____	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Marital Status	M <input type="checkbox"/>	S <input type="checkbox"/>	W <input type="checkbox"/>	D <input type="checkbox"/>	
Nationality	_____	State of Origin	_____		Local Govt.	_____				
Religion	_____	Mother's Maiden Name	_____							
Residential Address	_____									
<small>Not a P.O.Box address</small>										
Phone	_____				Email	_____				
ID Type	_____	ID Number	_____							

Affix
your recent
passport here.

Investment Information

Occupation	_____	Employer	_____		
Office Address	_____				
Source of Income	_____	Risk Tolerance	High <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>
Investment Objective	_____				

Bank Account Information

Account Number	_____	Account Name	_____		
Name of Bank	_____	BVN Number	_____		

Next of kin Information

Name	_____	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Relationship	_____				
Nationality	_____	Phone	_____		Email	_____				
Residential Address	_____									
<small>Not a P.O.Box address</small>										

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Email Indemnity

In consideration of Afrinvest (the "Company") agreeing to accept and honour electronic mail instructions from me/us (or from such other third parties as I/we may from time to time direct to operate my account) to operate my stockbroking account with the Company, I hereby unconditionally and irrevocably indemnify the Company against all claims which may be made against it in consequence thereof and to pay to it on demand, all payments, losses, costs and expenses made, suffered or incurred by the Company in consequence thereof or arising therefrom. I also agree to pay the Company on demand, any further charges and interest which may arise in the event of any claim being made against it under this arrangement. Furthermore, I UNCONDITIONALLY undertake to bear all responsibilities which may arise as a result of any payment made to or by the Company in furtherance of the above and to be directly answerable to any investigation by any statutory body or agency bordering on this request or any other charge that may be made in respect thereof.

I/We agree to the above indemnity provisions

Your Signature /
Thumbprint & Date

Please Note:

By signing this account opening form, you confirm that all the information provided here are correct.

You also commit to providing the following:

1. A valid means of identification.
2. A copy of your Utility Bill (not earlier than 3 months).

Official Use Only

Full Name of Client

Customer Service Officer

Authorized By

Compliance Officer