



INDIVIDUAL CLIENT ACCOUNT INFORMATION.

1.0 CLIENT PROFILE

Title Surname Other Names

If Joint Title

1.1 TYPE OF PRODUCT/SERVICES: Stockbroking Nominee
 Asset Management

1.2 CONTACT INFORMATION

Contact Address

Alternative Contact Address

BANK VERIFICATION NUMBER (BVN)

PHONE NUMBER

Office: Home:

Mobile: Fax:

E-Mail:

1.3 OTHER INFORMATION

Gender: Religion: Profession:

State of Origin: Date of Birth:

2.0 INVESTMENT DETAILS

Initial Investments: Mode of Payment:

Type of Investment Required Income Stock Growth Stock Income and Growth

3.0 STATEMENT OF ACCOUNT

HOW DO YOU WANT TO RECEIVE YOUR QUARTERLY CSCS STATEMENT OF STOCK POSITION?

Post Courier Physical Collection

HOW DO YOU WANT TO RECEIVE YOUR CONTRACT NOTES?

Post Courier Physical Collection E-Mail

3.1 NEXT OF KIN

Full Name: _____

Address: _____

Relationship: _____

Account Holder Signature: _____

Mother's Maiden Names: _____

*Strike out as appropriate

*Speculative stocks have higher levels of risk and return

ATTESTATION:

I confirm having read and understood the system of operating my account as prescribed above and DYNAMIC PORTFOLIO LIMITED will not be held responsible for misjudgment.

Signature

Date/...../.....

4.0 **OTHER PRODUCTS / SERVICES**

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FOR OFFICE USE ONLY

5.0

DOCUMENTATION AND FUNDS RECEIVED

Cheque Cash Amount Cheque Details

Share Exchange Form Valued At As At

Direct Debit Mandate Amount Every For Years

Guarantor

Investment Profile Portfolio Allocation Mandate

Passport Pictures Investment Management Agreement

Signature Mandate Identification

6.0

RECEIVED BY:

Name:

Signature:

Date:

Comments / Waivers:

Account Opened By:

Account Numbers:

Account Manager:

Contact Person / Reference:

Account Approved By:

KNOW YOUR CUSTOMER KYC FORM

Basic Customer Information

Name of Customer.....Title.....

Customers CHN/CSCS Account Number (If Any).....

Residential Address*

Job title... ..

Email address.....Office phone.....

(Date of birth/Company REG).....

Profession/line of business.....

Office Address*

State/ Local Govt Country.....

Correspondence Address.....

Postal address is not acceptable.

Nationality.....

CUSTOMER ADDRESS VERIFICATION

CLOSEST BUSTOP.....

Comment on location (landmarks), etc.....

Description of residence: (color of gate, color of house, duplex/bungalow etc.)

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BANK INFORMATION FORM

Client name.....

Bank details:

1. Bank Name.....

2. A/c name.....

3. A/c Number(s).....

4. Date of Creation (Of Bank A/c).....

5. Authorized Signature.....