



**NIGERIAN INTERNATIONAL
SECURITIES LIMITED**

INDIVIDUAL ACCOUNT OPENING FORM

Individual/Guardian Personal Details

Title	First Name
Middle Name	Last Name
Religion	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Place/Country of Birth
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others (specify)	
State of Origin (Nigerians Only)	
Mother's Maiden Name	
Residential/Permanent Address	
Date of Entry into Present Residence	
Nationality	
Resident Indicator <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	

**Affix Current
Passport
Photograph**

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Passport
Photograph**

Kindly provide a copy of a recent utility bill in your name confirming the address above

Contact/Postal Address			
Mobile Phone	City Code	Country Code	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card			
Personal Email Address			
ID Number	Issue Date	Expiry Date	Place of Issue
Landline Phone	City Code	Country Code	

Employment Details

Level of Qualification			
Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self Employed <input type="checkbox"/> Others (specify)			
Occupation/Employment Segment	Appointment Date		
Company Name			
Company/Office Address			
Official Telephone Number		Fax Number	
Official Email Address		Official Website Address	
Annual Average Income <input type="checkbox"/> Less than N10m <input type="checkbox"/> N10m – N50m <input type="checkbox"/> N50m and Above			
Source of Investment Fund <input type="checkbox"/> Employment <input type="checkbox"/> Business <input type="checkbox"/> Others (specify)			
Purpose of Investment			

Bank Account Details (your Bank Account Name Details Should Correspond with CSCS Account Name)

Bank Name	Branch
Account Name	Account Number

Next of Kin Details

Title	First Name
Middle Name	Last Name

Next Of Kin Details

Date of Birth	Nationality	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Relationship	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Spouse	<input type="checkbox"/> Sibling	<input type="checkbox"/> Others (specify)
Email	Telephone				
Contact Address of Next of Kin					

For Minors Only

Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name Of Guardian			

For Joint Account Holders

Name of Joint Account Partner
State the relationship with Joint Account Partner

Questionnaire

Have you occupied any Political Position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please states the most recent political position occupied
	Date: From	To	
Have any of your close relatives/associates occupied a Political Position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please state your relationship below
1. Name and Position	Date: From	To	
2. Name and Position	Date: From	To	

Attestation

I/we attest that all information provided herein is accurate and would notify you to update my/our records where any change occurs.

Signature and Date

For Official Purpose Only

Delivered by
Document Received By (Officer's Name)
Location/Branch
Initial Amount Deposited

Documentation Checklist

1. Completed account opening form	<input type="checkbox"/>	2. Proof of address (e.g. copy of recent utility bill)	<input type="checkbox"/>
3. Means of identification	<input type="checkbox"/>	4. Email indemnity	<input type="checkbox"/>
5. 2 Passport Photographs Signed and Dated at the back	<input type="checkbox"/>	6. Standard terms and conditions	<input type="checkbox"/>
7. Resident Permit	<input type="checkbox"/>	8. Birth Certificate (For minors only)	<input type="checkbox"/>
9. Proof of Employment and Source of Fund	<input type="checkbox"/>		

Document Status	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Risk Rating	<input type="checkbox"/> Low	<input type="checkbox"/> High
Account Opening Authorized By		
Date		
CSCS Number	CHN	Folio Account Number