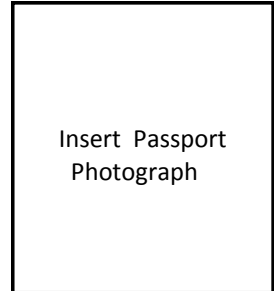


## KYC FORM INDIVIDUAL ACCOUNT OPENING FORM

New Client                       Existing Client

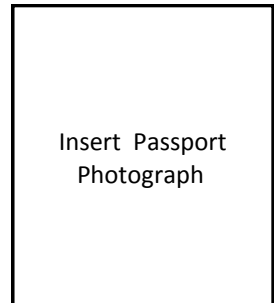
*Individual / Guardian Personal Details:*

Title:	Surname:
First Name:	Other Names:
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	
State of Origin (Nigeria Only):                      Local Govt Area:	
Mother's Maiden Name:	
Residential / Permanent Address:	
Nationality:	



*Kindly provide a copy of a recent utility bill 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 <input type="checkbox"/> Voter's Card
ID Number:	Issue Date:	Expiry Date:	Place of Issue:
Personal Email Address:			



### EMPLOYMENT DETAILS

Level of Qualification:			
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Others			
Occupation / Employment Segment:		Appointment Date:	
Company Name:			
Company / Office Address:			
Annual Average income:	<input type="checkbox"/> Less than N10m	<input type="checkbox"/> 10 – 50m	<input type="checkbox"/> N50m and above
Source of Investment Fund:	<input type="checkbox"/> Employment	<input type="checkbox"/> Business	Others _____
Purpose of Investment:			

### BANK ACCOUNT DETAILS: (YOUR BANK ACCOUNT NAME DETAILS SHOULD CORRESPOND WITH CSCS ACCOUNT

Bank Name:	Account Type: <input type="checkbox"/> Current <input type="checkbox"/> Savings
Account Number:	BVN:
Account Name:	Date of Opening Bank Account:

### NEXT OF KIN DETAILS

Full Name:			
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"/> Others		
Email:	Mobile Phone:		
Contact Address of Next of Kin :			

### 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

**CLIENT (S) INDEMNITY TO EDGEFIELD CAPITAL MANAGEMENT LIMITED WITH RESPECT TO INSTRUCTIONS GIVEN VIA ELECTRONIC CHANNELS**

Having agreed to accept and to act on my/our instructions given via E-mail, and other Electronic Channels in respect of any transactions regarding my/our account with EDGEFIELD, I/we hereby confirm that:

1. I/We understand that it is my/our responsibility to keep my/our Account details as private and confidential to prevent unauthorized access to my/our compromise is binding on me/us.
2. I/We understand that it is my/our responsibility to notify EDGEFIELD where I/WE detect that my/our Account details have been compromised. I/We also understand that any transaction executed on my/our account before EDGEFIELD is notified of such compromise is binding on me/us.
3. EDGEFIELD is authorized to act on instructions, which have been transmitted via any of the referenced electronic channels without bearing my/our signature (s) provided such instructions emanated from my/our registered details in EDGEFIELD's records.
4. EDGEFIELD shall not be under any duty to verify the identity of the person (s) giving instructions in my/our name provided such instructions have emanated from my/our registered details in EDGEFIELD's records and any transaction made pursuant to the instructions shall be binding upon me/us.
5. Except my/our instruction sent via any of the referenced electronic channels is duly revoked or modified by a subsequent instruction issued by me/us and such sub-sequent instruction has been communicated to and received by EDGEFIELD before the execution of the prior instruction and within the stipulated deadline for revocation and or amendment of instructions, I/We undertake to bound irrevocably by such prior instruction.
6. I/We understand that where a mandate /instruction is sent via e-mail, I/We should receive a relied acknowledgement e-mail immediately. Where this is not received within 30 minutes, I/We understand that I/We should immediately contact EDGEFIELD to confirm receipt of the mandate/instruction.
7. I/We understand that upon submission of my/our mandates/instructions placed via email, it is my/our responsibility to confirm that such mandates/ instructions have been successfully submitted and are reflecting on my/our in-house account. Where the mandate/instructions are not reflecting, I/We should immediately contact EDGEFIELD to confirm receipt of the mandate/instruction.
8. I/We hereby agree to keep EDGEFIELD indemnified from and against all actions, proceedings, claims and demands which may be brought or made against EDGEFIELD and all loses, costs, charges, damages and expenses which may be incurred or sustained or for which EDGEFIELD may become liable by reason of honoring such E-mail, and other Electronic Channels instructions provided that EDGEFIELD has taken all measures prescribed by this agreement irrespective of whether the instructions are in fact erroneous, fraudulent or issued otherwise than as aforesaid.

**Confirmation:**

I/We hereby confirm that I/We have read and agreed to be bound by the above terms and conditions and indemnity. Name of account holder/Corporate account holder:

\_\_\_\_\_

CSCS Number: \_\_\_\_\_ Phone Number (SMS): \_\_\_\_\_

Email Address For Transactions: \_\_\_\_\_

Signature of Account-holder: \_\_\_\_\_

Signature of Corporate Account-holder:

\_\_\_\_\_

DIRECTOR

\_\_\_\_\_

DIRECTOR/SECRETARY

affix seal)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Documentation Check List:**

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. Passport photograph	<input type="checkbox"/>	6. Standard terms and Conditions	<input type="checkbox"/>
7. Resident Permit	<input type="checkbox"/>	8. Birth certificate (For minor only)	<input type="checkbox"/>
Document Status:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	
Account Opening Authorized By:	<input type="checkbox"/> Low	<input type="checkbox"/> High	
Date:			
CSCS Number:	CHN:	Cabinet File No:	