



SANTRUST
SECURITIES LTD

Member of The Nigerian Stock Exchange



CLIENT PERSONAL DATA FORM

Surname/Company/Trust Name.....
Other Name.....
Maiden Name*.....
Date of Birth*.....(yy/mm/dd)
Gender.....Mobile Phone Number.....*Email-Address.....
Signature.....Date.....
Home Address*.....
Clearing House Number (CHN):.....
P.O.Box.....
Account Name*.....
Account Number*.....Bank*.....
Bvn No:.....Date of Creation of Bank.....

Detail Of Next Of Kin

Name.....
Date of Birth.....Phone Number.....Relationship.....
CHN Number(if any).....Gender.....email.....
Home Address.....

Other Detail

Name of Spouse.....
NIN:.....State of Origin.....LGA.....Nationality.....
Name Of Employer.....
Nature Of Business.....
Office Address.....
Office Tel. Number.....

Reference Details

Name of Referee (1):.....

Address of Referee:.....

Phone Number:.....Relationship.....

How long have you known the above named person.....

Name of Employer.....

Address of Employer.....

Recommendation.....

Signature.....Date.....

Name of Referee (2):.....

Address of Referee:.....

How long have you known the above named person.....

Phone Number:.....Relationship.....

Name of Employer.....

Address of Employer.....

Recommendation.....

Signature.....Date.....

Method of transmitting mandate:

- 1. By e-mail _____
- 2. By mandate from _____

Account Officer:..... Signature.....

Please Fill and Submit to Customer Care Unit

Please attach the following to this form

- 1. Copy of means of identification Either
 International Passport
 National ID Card
 Drivers Licence
 Voter's Card
- 2. Copy of any recent utility bill
- 3. 2copies of Passport Photograph

REFERENCE FORM

"CAUTION"
**IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS
NOT KNOWN TO YOU**

THE MANAGING DIRECTOR

SANTRUST SECURITIES LTD..... Dear Sir,

RE:.....

Prospective Account Name

I/We understand that the above – named person(s) has/have applied to open a CSCS Stock Account with your organization.

I/We have known the above – named person(s) for.....(Period) and I/We comment on his/their means and reputation as follows:-

.....
.....

.....The above information is provided in confidence.

Yours faithfully,

REFEREE’S NAME:.....

REFEREE’S ADDRESS:.....

REFEREE’S OCCUPATION:.....

REFEREE’S GSM NUMBER:.....

.....

SIGNATURE

FOR OFFICE’S USE ONLY			
DOCUMENTS OBTAINED			
Completed Signature Card	Yes <input type="checkbox"/>	Deferred <input type="checkbox"/>	A Passport Photograph
Reference Forms (2)	Yes <input type="checkbox"/>	Deferred <input type="checkbox"/>	Others
Identification Document	Yes <input type="checkbox"/>	Deferred <input type="checkbox"/>	Yes <input type="checkbox"/>
Account Opened By:	Signature & Date:		
Compliance Officer’s Comment:	Signature & Date:		
Deferral/Waiver Authorized By:	Signature & Date:		
Account Sourced By:	Signature & Date:		
Account Authorized By:	Signature & Date:		

ADDITIONAL REQUIREMENTS

- ❖ Enclose valid means of Identification e.g Driver's License, International Passport, VotersCard, National ID
- ❖ Enclose copy of utility bill e.g PHCN/ Water (within 3 months)
- ❖ 2 passport photograph